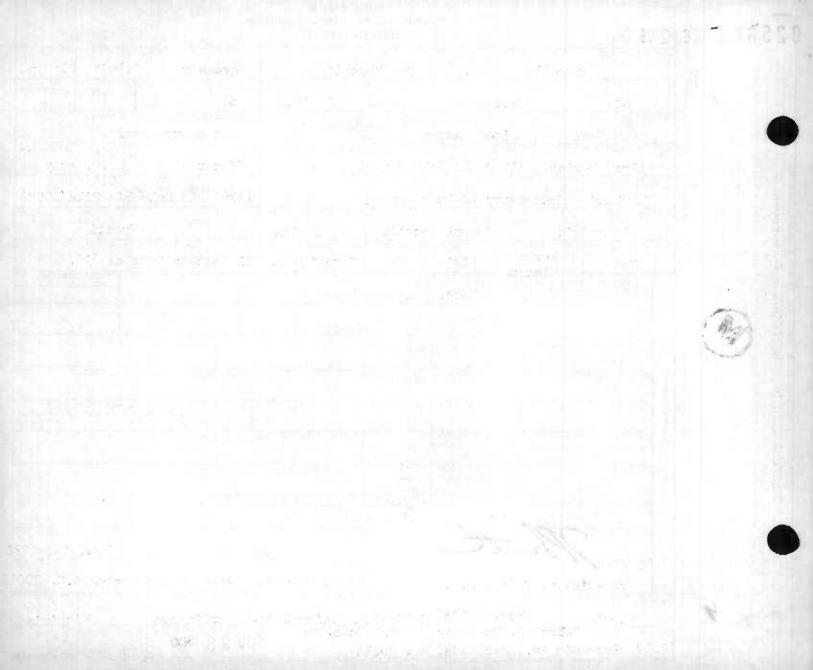
		1-1-	FOR STATE					AND MENTAL		6	5 2	- J	1
025	687 DEC	-2	ISTRAR		M	EDICAL EXA	MINER'S	CERTIFICATE (	OF DEATH	REG.	NO.		
	001 000		CEASED NAME	FIRST	THE STATE	WIDDLE		LAST	2a C	ATE KNOWN	HTHOM	DAY YEAR	26 HOUR
	S NECESSARY, PLEASE FUNERAL DIRECTOR. FOR YOUR FILES. WILLIAM HOUPS APERTON STREET,	1	L OK PRINT)	Doro	thy	R.	DeC	esaris	D	OF ESTI-		24 1986	12:55
	REGUES A	3. SEX	4 R	ACE	5. DATE OF BIRT			DER I YR. IF UNDER		DATE	MÖNTH	DAY YEAR	2d HOUR
	N SHEER	-	F 1	1/	ALT V	YEAR LAS	YRS.	HS DAYS HOURS	MIN. PRO	DEAD /	1/4 2	14.86	12/11
	SAR	7a B	RTHPLACE (STATE)	OR .	76 CITIZEN OF	WHAT COUNTRY?	10	1000	- 9 B	ALTIMORE CIT	Y OR COUNT	Y OF DEATH	ICO M
	CES CES	FC	aryland		United			IED NEVER MARE	RIED 📙		_		
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	NEST OF	10. 0	TO CONTROL	ZEATH	(IF NOT IN SUCH	FACILITY, GIVE STREET AD	DRESS)		FOR MOST	OF WORKING LIFE)	TIPE OF WORK	OR INDUSTI	ΥY
	- Jack	11000	Olney		Montgon	nery Gene	cal Hosp	ital	Homen	naker		Own Ho	me
.0	ANY DE AND 3 TRETAIN RETAIN ECORD	13a S		13b COUNT		GIVE RESIDENCE BEFORE		134 INSIDE CITY LIMITS?	13e STREET	ADDRESS 0	カスく、	316	
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m,	PAN PM		John		C.	Ward		Carrie		B.		Dawson	
Q	A A A A A	16a V	VAS DECEASED EV	ER IN U.S. ARA	NED FORCES?	16b. SOCIAL SE		17 INFORMANT		ADDRE	SS		
W. PRESTON ST. "BALTIMORE, MD.	THE WAY	(1)	ES, NO OR UNKNOWN)	(IF YES, GIVE V	VAR OR DATES)	215-20-	-6070	Chester A	A. DeCe	saris Sa	ame as	# 13.	
9	TO SECOND		18 CAUSE OF DE	ATH (Enter an	y ane cause per li	ne far (a), (b), and (	c).) /		,			APPROXIMATE	INTERVAL
TS	N O S W		PART I DEATH	WAS CAUSED	BY: E CAUSE (a)	Nou.	101	175 CD1	din	1 11.	52	BETWEEN ONSE	AND DEATH
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>.	N TRAINE			ing the under-	(b)	OR AS A CONSEQU	nor or	Mygace	SVOC	1 4/1	1	-	
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á	いるないにお	2		OT WHILE WORK	STREET, FA	ACTORY, FARM, ETC.)		STREET	CIT	Y OR TOWN	COL	YTML	STATE
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	MERCHES SE		death resulted fr	am: Nature	al causes	Accordent 5.	Suicide	, Hamicide	Undetermin	ned manner	١,		
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	¥#8¥##		SIGNATURE	and the	-	C-20	<u> </u>	D. Day	MEDICAL	EXAMINER	SIGNE	00/5//	180
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	BP		Buria	1 1	lov 26,1	986 Fort	Lincoln	Cemetery	Bren	twood	Ma	ryland st	11111
	DHMH - 17	24 F	UNERAL DIRECTOR	Robert	A. Pump	nrey Fune	ral Home	and NO	REC'D. BY REC	ISTRAR 256 RE	GISTRAR'S,S	IGNATURE	7
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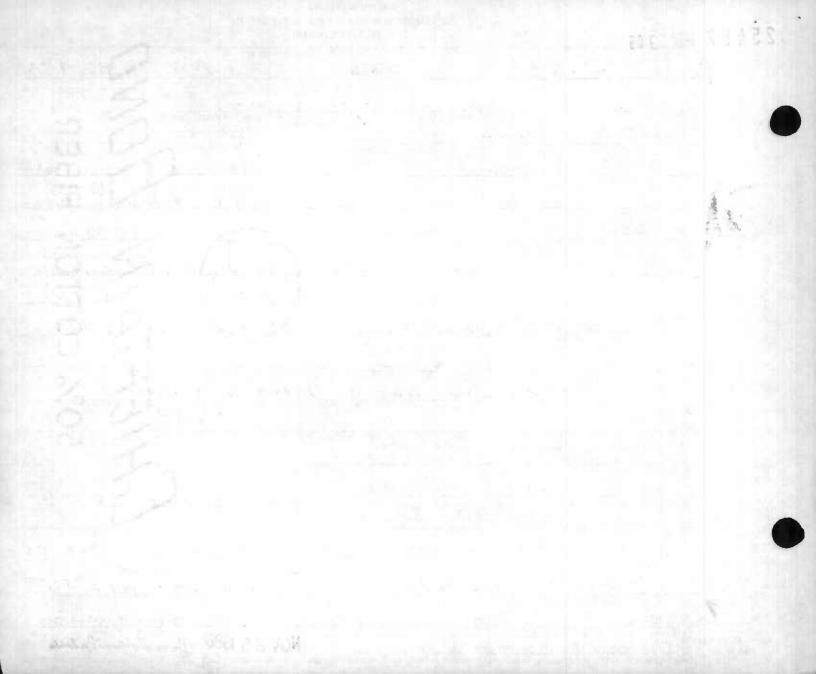
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PRESTON ST						OR AS A CONSEQUI	NCE OF							
I E	Colle 1	Car	nditions, if any,	which	( (b)	N NO N CONOLGO		Cancer						
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3 11	2016	und	lerlying cause	last	(c)_									
s. 20	and		T 2 OTHER SIGN	VIFICANT C	CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE	OR CONDIT	ION GIVE	N IN PART 110	31
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DIVISION OF V	of the state of th	Al mi	ORK NOT WH	RK						2.73				
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	Ha Cota		saw the decease	ed alive an	NOV.	v attendenth	6, an	d that in (my)	(aur) apinian	death accurred	an the date	and haur	and from the	causes stated
	Ne had		SIGNATURE	MI	-4	1	(	EGREE					22c. DATE	SIGNED
	AL PART OF THE PAR		/	PA	rul			-	ATTENDING PHYSICIAN &	MEDICAL DIRECTOR	STAFF PHYSICIA	NO	Nov.	24, 1986
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	HOSP CHINA		Frederic	k P.	Smith,	M.D.		5401	Westerr	Avenue	NW W	<i>l</i> ashir	ngton,I	o.c. 20015
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		24. FUNER	AL DIRECTOR R	obert	A. Piin	nnnrev Fiir	leral	Homee	PA 250. DAI	E REC'D. BY REC	GISTRAR 251	REGISTR	AR'S SIGNAT	URE
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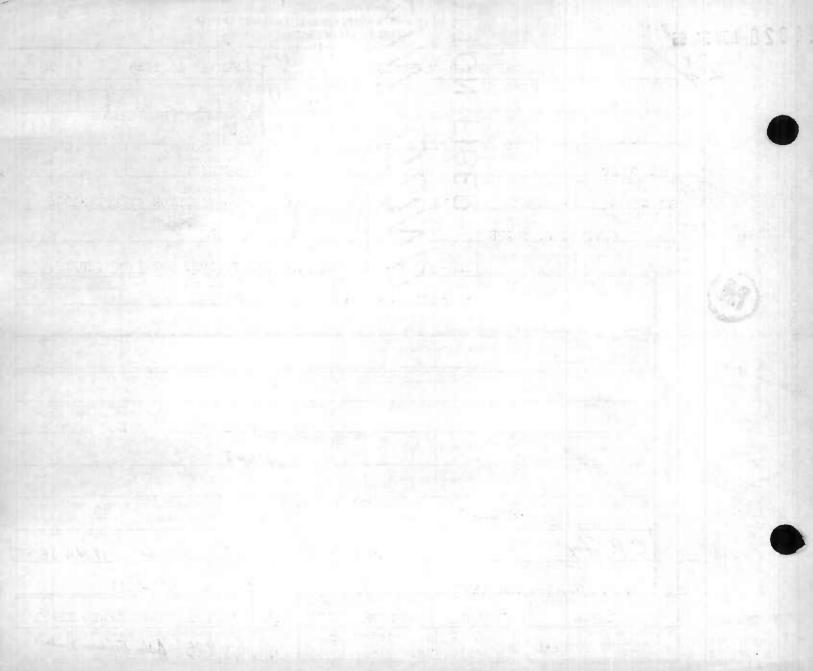
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ge 4 mo)	3. SE.	Male	4. RACE Caucas	sian	S. DATE O	DAY	L9 <sup>YE</sup> ÂR3	6. AGE (IN)	EARS LAST BIRTH	YRS.	IF UNDER I		FUNDER 24 HRS
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IMORE,		VAS DECEASED EVER IN U.S. AF (ES, NO OR UNKNOWN) (IF YES, GO (OS) (IF YES, GO	RMED FORCES?  VE WAR OR DATES)  Tea	166 SOCIAL SEC 248 50		17. INFORMAN Arlene		n(wife)	ADDRES:		above		
25, 201 W. PRESTON ST voices and the death cert- tography by the otherding p forces remove comban or barrol. Commotion, or ren jury, or arther traumatic ev-	Z	Conditions, if ony, which gove rise to immediate couse (o), stofting the underlying couse lost.  PART 2 OTHER SIGNIFICANT	(c)	Aculo	HENCE OF	)	100 LO 100 LO 100 THE TERM	INAL DIVAS	e OR CONDI	V ITION GIV			
N. The In-red systems and the State of the S	CERTIFICATION	19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	216. TIME C		TH OPERATIO	N WAS PERFORM		YES TED (ENTER NA	NOM	IN CERTIF		USES OF	
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At OR ATTEND the hospital of At DRECTOR respond to the tre Dept of Hea		22a I certify that (I) (this hasp sow the deceased alive or above, (I) (we) (ard) (did no 22b SIGNATURE			86	nd that in (my) (o		MEDICAL DIRECTOR					
O HOSFII etorned TO FURE should be with the 3		PHYSICIAN'S NAME (TYPE OF	SHAV			P9.	Div.	the stay	Che	Lyli	7m	ela	28 Fo
199BP 99		urial, cremation, removal SPE <b>BUrial</b>				emetery or cri	ery		Rockin				Carolina
DHMH - 16 60M 7/84		INERAL DIRECTOR Ves-Pearson Fun	7 ***	ADDRESS			25a. DATE	28 19	STRARZ	b REGIST	PAR'S SIG	SNATUR	Elalib
(VPA 15 4)	1 17	res-rearson Fun	eral Ho	mes, Arl	ington	, va.	NOV	40	U				

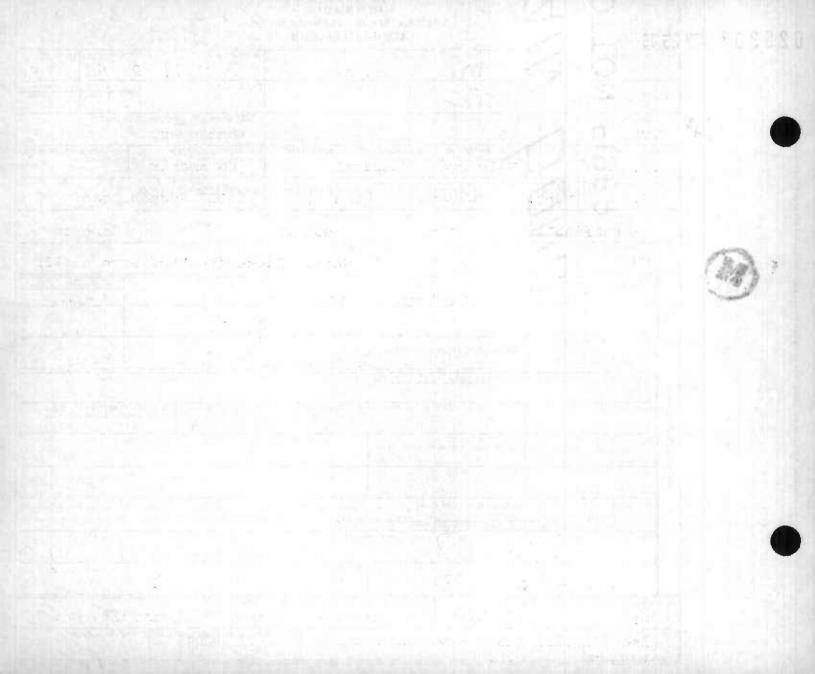
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er o	3. SE	(		4. RACE		5. DATE (		6. AGE (IN YEARS LAST BIR	THDAY)	FUNDER I YEAR II	FUNDER 24 HRS
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功而代	100	TY OR TOWN OF DE? Bethesda	ATH		HOSPITAL, NURSIN THE FACILITY, GIVE STREET I		OR OTHER INSTITUTION	120 USUAL OCCUPATI		12b. KIND OF B	BUSINESS OR
46 1_				Subur	ban Hosp	ital		Owner (Ret	ired)	Retail	Jewele
-	13a. S	AL RESIDENCE (IF NURS	13b COUN	OTHER INSTITUTION	136. CITY OR TOW	ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE	(208	15)
nielle A	21.7.	MD	Mont	tgomery	Chevy Cl	nase	YES NO	4450 South	Park /	Avenue	#1809
100	14 FA	THER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN NA	WE		LAST	
1600	14- 1	Harry	INITIC AD	HED FORCESS	Denis		Sophie	ADDRE	CC	Kalish	
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5 2 2			1		579-09-2		Ethel Denis;	Wife;4450 S	o, Par		
hysic soppe ovol		18 CAUSE OF DEAT PART I. DEATH W	H (Enter on VAS CAUSE	ly one couse per DBY.	line for (a), (b), one	d (c)	1	-			SET AND DEATH
Don po			IMMEDIAT	E CAUSE (o)	CARI	21/4	Arres	)		540	den
e cor		Candidana 9		DUE TO, O	R AS A CONSEQUE	NCE OF	Can	OF PANCE	2000	18 4	- C
imov motic		Conditions, if ony, gove rise to im-	mediote	(b)	MEATIN	PIIC	(AR CINOMA	OT PATRICE	ERAJ	077	07
by the		cause (a), stating underlying couse		DUE TO, O	r as a conseque	NCE OF				N	
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Then Then to b injury	NO		Co	RONIK	ary 1	AP T	ru Dires	A -	Aber	79	
\$ E & E	CERTIFICATION	190 DATE OF OPERA	TION	19b COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20g AUTOPSY?	20b IF YES,	WERE FINDING	S USED
those	TIF							YES NO	YES		NO [
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riol-t	CAL	OR CONTRIBUTING		(11)		19					
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DIRECTOR. After the cheed for use as the Dept. of Health and them 21 is marked	,	sow the decease	ed olive on	//-	ofter death.		DEGREE			22c. DATE SIC	GNED
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FUNERAL DIRECTOR, Afferwald be detached for use os hithe State Dept. of Health Dertaur. If them 21 is mark M. M. M. M. M. M. M. M.	23a E	sow the decession obove (1) (well (see the see	ed olive on did) (did no	t) view the body PRPINT)  23b. DATE	JENBAU  231. N	M MOS	ATTENDING PHYSICIAN  220 ADDRESS PHETERY OR CREMATORY	MEDICAL STAL DIRECTOR PHYSIC  Wiscon Louy Ch.  123d LOCATION CITY OR TOWN	FF CIAN D	226. DATE SIGNATE SIGNATURE SIGNATUR	3-86 815
TO FUNERAL DIRECTOR. After should be detached for use with the Stree Dept. of Health Townships of Health Management 11 is mork that the street of the street	23a B	sow the decession obove, (1) (we) (c) 22b. SIGN/A URE 22d SIGN/A U	ed olive on did) (did no AME (TYPE O	PRINT)  23b. DATE	JENBAU  23. N	M MS	DEGREE  ATTENDING PHYSICIAN  220 ADDRESS  480	MEDICAL STAIL DIRECTOR PHYSIC  Wiscon  Louy Ch.  123d LOCATION CITY OR TOWN	FF CIAN D	222. DATE SIC //- 25 W/ LOUNTY	3-86 815

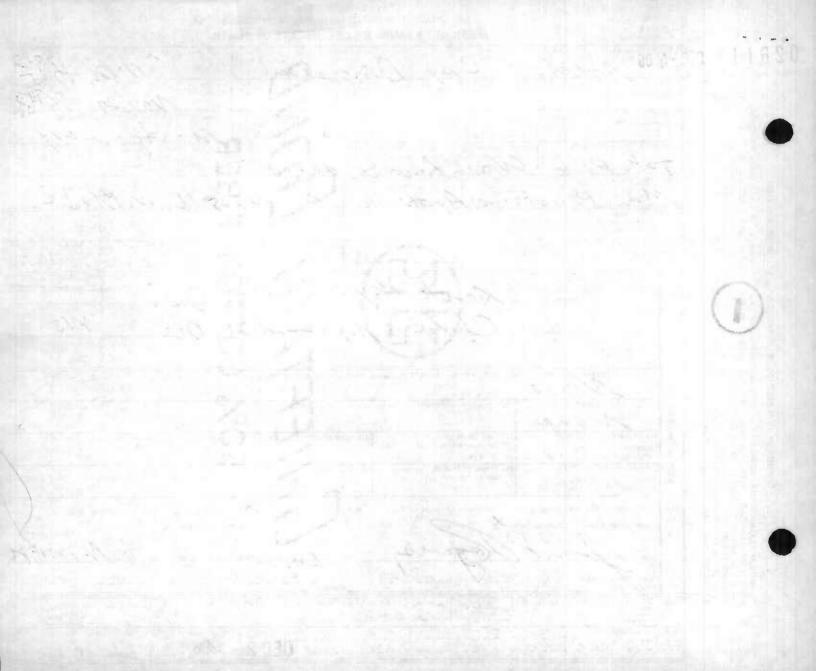


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	3 75001	PE	OR PRINT) FR.	ANCES SMIT	H DEVII	LBISS			NOVEMBER 1	5 1986		7:20 m
	2 2	3. SE		4. RACE		5. DATE O		EAR 6	AGE (IN YEARS LAST BIRT	MDAY) IF UP	DER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
	5 956		FEMALE	CAUCASIA			ARY 3 191	3	73	YRS.		
	6 01 (7/		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT	COUNTRY?	8 MARRIET	NEVER MARRI	ED 5	BALTIMORE CITY OF	R COUNTY OF	DEATH	
	1 15 86		TEXAS	UNITED ST	ATES	WIDOWE			MONTGOMERY			MD.
	4 11 2/	1	TY OR TOWN OF DEATH	11. NAME OF HOSPI	TY, GIVE STREET A	DDRESS	R OTHER INSTITUTI		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF HOUSEWIFE		2b. KIND OI NDUSTRY	BUSINESSOR
120	1 11/1	USU.	BETHESDA AL RESIDENCE (IF NURSING FOME OR	OTHER INSTITUTION, GIVE RE		ADMISSION)		_		•	9	7600
9	7 37 7		TATE 176. COUN		ITY OR TOWN		13d. INSIDE CITY LIV		3056 HAZEL		EET 2	2044
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E. A	1 0 1	16a V	ORVILLE E. VAS DECEASED EVER IN U.S. AR		OCIAL SECUR	HTY NO.	17. INFORMANT	LIVE	ADDRE	SS		
MOR	Poppe P		(IF YES, GIV	E WAR OR DATES)	8-66-00	180	CEODCE E	DEVII	BISS, 3056	HAZELTO	N STR	EET
ALTI	100								VA 22044	I		MATE INTERVAL
2	(60)		PART I. DEATH WAS CAUSE	D BY:	TASTAT	TC CA	RCINOMA O				BETWEEN	MOET AND DEATH
Z	~	10	IMMEDIAL	DUE TO, OR AS A			101110111					
W. PRESTO	by the other by the other site remove I, cremotion, other traumo		Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause lost	(b)						251		
RDS, 20	equires to majored Then ples to burio injury, or	NOI	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRI	BUTING TO D	EATH BUT	NOT RELATED TO T	HE TERMIN	AL DISEASE OR COND	DITION GIVEN I	N PART 110	
DIVISION OF VITAL RECORDS	he for the for the formal the for	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION	FOR WHICH O	OPERATION	WAS PERFORMED		20a AUTOPSY?  YES X NO	20b. IF YES, WE IN CERTIFYING YES X	G CAUSES	
OF VIT	COAN. 1	AL CES	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. A		Y YEAR	21c. HOW INJURY	OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1	OR PART 2)	
NOISIN	Of Phirstone of the thur of the thur oned Me keed out.	MEDIC	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF IN.		RM, ETC )	21f LOCATION STREET	Y	CITY OR TO	WN	COUNTY	STATE
	TTENDIN Pholor TOE Ah for one of of Health		22a 1 certify that (1) (this hospit saw the deceased alive an abave, (1) (we) (did) (did na	NOVEMBER 1	0 19 8				to NOVEMBE			hat (I) (we) lost causes stated
	hed hos		226. SIGNATURE	IT view the body after t	seain.	0	DEGREE				22¢ DATE	SIGNED
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		S.P. two			M	D. ATTEN		MEDICAL STAF		12 N	or 86
	TAN TAN TAN		22d. PHYSICIAN'S NAME (TYPE O	R PRINT)					HOSPITAL		,,,,,	0 0 0 0
	D FU		E. P. FOX. LT	. MC. IISNR					ESDA, MD 20	814-501	1	
no	73/10/10		URIAL, CREMATION, REMOVAL			AME OF CE	METERY OR CREM		23d LOCATION			
99	78P 47		BURIAL	11/18/86	AR	LINGT	ON NAT'L		ARLINGTO	N, VIRG	INIA	22203
11	DHMH - 16 60M 7/84		INERAL DIRECTOR	#390	1 No. 1	Fairf:	ax Dr.	250 DATE	REC'D. BY REGISTRAR	Sh REGISTRAR	SSIGNATI	IDE
	(VRA 15, 4)	AR	LINGTON FUNERAL	HOME	ADDRESS			NO	V 2 1 1986	Julia D	cordorn.	Kandall

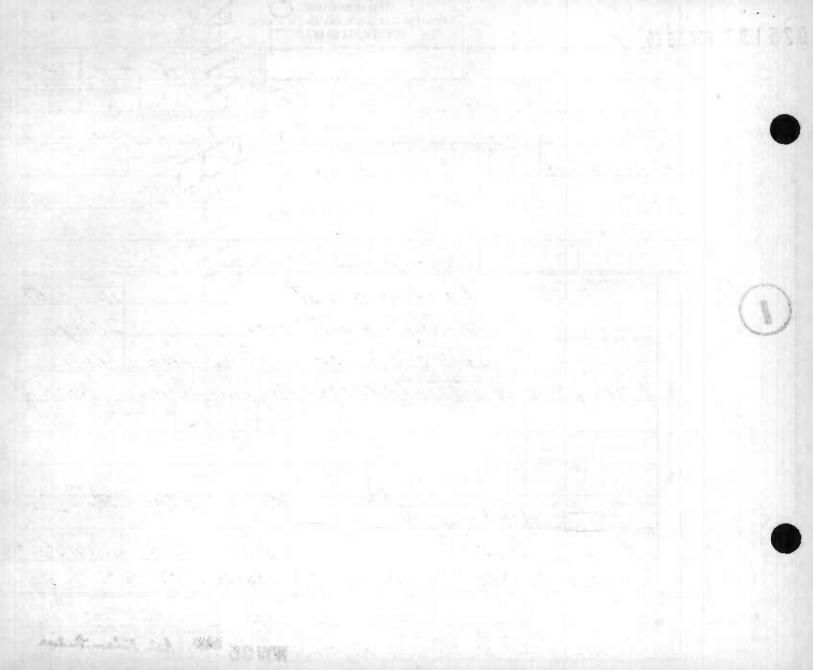




					MARYLAND 69	7 9 4 4
		1.	FOR STATE	DEPARTMENT OF HEALT	H AND MENTAL HYGIEN	3 2 3 0 3
. ~	, w	-	REGISTRAR	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	G. NO.
020	117 000	1. DE	CEASED NAME FIRST	MIDDLE		
0 2 0	1 / DEC		E ORHRINT)	1. D D	20. DATE KNOW OF ESTI-	MONTH DAY YEAR 26 HOUR
	ASE ES. ES.		Mitchel	1 longer //in	SI CAL DEATH MATER	Woll20 19 56 1 2 M
	PLEAS HECTOR R FILES HOUR STREET	3. SE		TE OF BIRTH 6. AGE TIM YEARS IF U	NOFR TYP TELINDED 24 HDC 24 DATE	MONTH DAY YEAR 14 HOUR
	SHE	Ma	ale Cauca Ju	NTH DAY YEAR LAST BIRTHDAY) MON	THE DAYS HOURS MIN PRONOUNCED	11 2 2 94/1
	ECESSARY, PLEASE NERAL DIRECTOR. FOR YOUR FILES. WITHIN 72 HOURS PRESTON STREET,		cadea Jou		DEAD	VOV 27 19/8 7 M
	ECESSA INERAL FOR YOUTHIN	JO B	BEIGN COUNTRY	ITIZEN OF WHAT COUNTRY? 8. MARI	RIED NEVER MARRIED 9 BALTIMORE CI	TY OR COUNTY OF DEATH
	SZ SZ Z	100	Scotland S	7	WED PE DIVORCED TI	La GIV
	SHEEK T	Mr.C	TY OR TOWN OF DEATH	IAME OF HOSPITAL NURSING HOME, OR OT	1 6 6 7	HAVE A WORK 126 KIND OF PUSINESS
	FESES //	1 -	40111	SHOT BY BUCH FACKUTS, GIVE STOKES ADDRESSE	Baker empl	oyed Baking
	当500 開心	1	20 Park C	Vash Holyand	Mare Baker empi	.oyed   baking
5	CONTRACT.	Day 5	TATE COUNTY	HITTEREN ONE HISTORY OF TOWN	has must on thing has street appress	1 217.52
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	# 200	18 6	THER'S NAME	20195-0192000110	IS MOTHER'S MAIDEN NAME	LU I I V de
× ×	H-208/10	10	John MED	U KAN	Catherine MIDOLE	C - LAST
A.	28×46		1 - San	Dingwall	4	Gray
₩ W	SESSE M	line. Y	VAS DECEASED EVER IN U.S. ARMED FO	ALCOHOLD .	17. INFORMANT SON 1/1999	RESPONSIGE Drive
BALTIMORE, MD.	SSE SSE	1	NO CH INFRADWH) (# YES, GIVE WAR OR	218 34 5531	IAN Dingwall Gaith	ersburg, MD 20878
	SOESS	-	Lis CAUSE OF DEATH IS		3 - 641 611	
1.	2000		18. CAUSE OF DEATH (Enter only one PART I DEATH WAS CAUSED BY:	couse per line for (o), (b), and (c).)	1 1 1 1 2	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Z/	132334 4		IMMEDIATE CAL	USE LANCONTE INVY	0000000000	
5	238E39		(	DUE TO, OR AS A CONSEQUENCE OF	1010	
e e	E38963		Conditions, if ony, which	Ch.1 1	101/11/10	2/5
>	32 5 8 5 00		gove rise to immediate cause (a) stating the under-	(b) 10 6 18 /11	X 10121 1113	7.0
2	BEAN TO		lying cause last.	DUE TO, OR AS A CONSEQUENCE OF		AND THE RESIDENCE OF THE PARTY
,3	NO SECUL			(c)		
SO	SUA MAA		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEA	SE OR CONDITION GIVEN IN PART 1 (g)	
RECORDS, 201 W. PRESTON ST.,	HOULD BE EXECURED FENDING: 11 CHIEF MEDICAL E USED AS A BURIL OF HEATH AND RIAL, CREMATIO	Z	11/000			
Ä		CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION V	WAS DEDECODED OF	
7	A F H	5	11.	178 CONDITION FOR WHICH OPERATION V	WAS PERFORMED?	20 AUTOPSY?
5	SHOW SHOW SHOW SHOW SHOW SHOW SHOW SHOW		/vone			YES NO DO
F	CRTHCATE SHOUL TING THE WORD "P PED TO THE CHIEF 33 SHOULD BE USED DEPARTMENT OF HI PRIOR TO BURILL 1 PRIOR TO BURILL	Ü	21a EXTERNAL CAUSE WAS	216. TIME OF INJURY 21c. H	OW INJURY OCCURRED LENTER NATURE OF INJURY IN ITE	EM 18 PART I OR PART 2)
Z	SECSE	7	UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DAY YEAR P.M.		
Sic	SHOOT OF THE SHOT OF THE SHOOT OF THE SHOOT OF THE SHOT OF THE SHOT OF THE SHOT OF THE SHOT OF THE SHOOT OF T	MEDICAL	21d INJURY OCCURRED		OCATION	
DIVISION OF VITAL	S CER REITING REDED 3E 3 SI SOI PRE	ME			STREET CITY OR TOWN	COUNTY STATE
۵	THIS C WRIT WARDE PAGE 3 TATE D		AT WORK AT WORK			
		63	22-1		psy . Inspection . Inquiry .	
	EXAMNER: CERTIFICATI ULD BE FORE DIRECTOR: WITH THE:	120		e remains described above, held on Autor	psy U, Inspection Inquiry U,	and in my opinion
	MEROT -		death resulted from: Natural cou	ses . Accident . Suicide .	, Homicide Undetermined monner	
	WAN BE		1111	1/	TITLE (SPECIFY)	1.
	1#0#E		ACTUAL SIGNATURE	/ Congress	A.D. MEDICAL EXAMINER	DATE /1/2/1904
	う 世 2 男 2 屋 2 屋 1 M	0	4	9	1597	SIGNED
	A POLICE		EXAMPLE John	S. Rogers. M.D.	1919 Seminary Rd	Silver SpringMD
	TO MEDICAL E EXECUTE THE C PAGE 4 SHOUI TO FUNERAL D FIFE DEATH	-	(TYPICOR PRINT)		ADDRESS	
	-mer-4m	73a,8	JRIAL, CREMATION, REMOVAL 736 DA	Dec. 236. NAME OF CEMETERY		COUNTY STATE
07/84	BP			1986 Gate of Hea		ing, Maryland
25M	DHMH - 17	24 FU	INERAL DIRECTOR ROBERT A	. PUMPHREY FUNERAL	LIOM 250 DATE REC'D. BY REGISTRAR 256. F	REGISTRAR'S SIGNATURE
	(VR A15 ME (5))	PA	300 West Monta	. Ave. Rockville,	MD DFC 2 1986 1	dia Trado De doce
	- 1-11		,	/	DEU ZI IOOO   //	dea Nordson Pandall



0 2 5 1 3 6 NOV :	5	FOR STATE REGISTRAR			DEPARTA	AENT OF HI	OF MARYLALTH AND L	MENTAL HYG		)	3 2 4	6 4
		CEASED NAME F	RST	MID	DLE	LA	ST		20. DATE OF DEAT		DAY YEAR	2b HOUR
2 25	, (1117	Th	omas	J		Donne	llan,	Sr.		11	198	1200
8 82	3. SE	X	4. RACE			5. DATE O	BIRTH		6. AGE (IN YEARS LAS	T BIRTHDAY)	IF UNDER I YEAR	IF UNDER 4 HRS
and		Male		casia	n	Apri	l 28	1905	81	YRS.	MONTHS DAYS	HOURS MIN.
2 12 97	7a. B	RTHPLACE (STATE OR FORE			HAT COUNTRY?	8. MARRIED	NEVER /	MARRIED -	9 BALTIMORE CIT	Y OR COUNTY	OF DEATH	0.000
15 A		ieland		S.A.		WIDOWE	DI DI	VORCED	111	nika	omer	MD.
by the f	Se	lver fre	(IF NO	TIN SUCH F		ADDRESS)	OTHER INST	O C	Supervi		126. KIND OF INDUSTRY D. C. G	out.
AND 21	Mo		ontgome	ry 13	PRESIDENCE BEFORE COLTY OR TOW CHEVY CI	rase	13d. INSIDE C	№ □	13. STREET ADDRE		Highway	20815
MARYL ted within		James	woole		onnella	n	Ell	AL STATE OF THE PARTY OF THE PA	WIDDE		Ronay	ne
be executed the property of th		VAS DECEASED EVER IN 1	J.S. ARMED FOR	ates	579-09-	VIV. 5 (49 B. T. T. S.)	uinibr Winibr		onnellan	wife	same as	#13
AL RECORDS, 201 W. PRESTON ST. The low creatures that the eath exertion. The low creatures that the eathersamp planes been signed by the attending planes prior to busined, cremation, or centered prior to busined, cremation, or centered one only injury, or other froutnetic eventers.	CERTIFICATION	Conditions, if any, will gave rise to immediately couse to part 2 OTHER SECTION TO DATE OF OPERATION	MEDIATE CAUSE  DUE  nich onte opte Opte Opte CANT CONDITIE  1196	TO, OR A	FA CONSEQUE FA CONSEQUE SERBUTING TO C	NCE OF PATH BUT P	WAY PERFO	Loy as TOTHE TERM	NAL DISEASE OR CO	28h. IF YES IN CERTIF YE	EN IN PARTY TO WISHER FINDING CAUSES OF	GS USED OF DEATH?
SCIAN SCIAN CONTROL OF VIT	1.7	THE ACCIDENT WAS UNDERSTO OR CONTRIBUTING C CAUS DESIDNER, HOTHY MEDICAL IS	E OF DEATH HO	TIME OF IT	MONTH DA	Y YEAR	21s. HOW IN	JURY OCCURR	ED (INTENATURE OF	PLOUBY RESEM 18.8	WET I CREART 2)	
MVISION other this out the but	MEDICAL	WHILE HOT WHILE AT WORK	Train.	PLACE OF OWE, STREET	INJUNY FACTORY, OFFICE, FA	MM, ETC.)	TH. LOCATIO	)N	CHO	e ticswete	COUNTY	STATE
ATTENDS ATTENDS on heapted on the heapted on the head of uses of Health New 21 14 ms		220.1 certify that (1) (this saw the deceased a abave, (1) (we) (did)		1 2	7	7	I that in (my)	, 19 (our) opinion o	, ta death accurred on th	e date and have		
OSPITAL O CONTRAL D UNITRAL D Id be detected the Soote D SHANT, II	3	224 BHYSICIAN'S NAME	(TYPE OFF KINT)	up.	None	46		TTENDING PHYSICIAN S	DIRECTOR PHY	STAFF ISICIAN	11/19	196
TO HOS retuined to FUN thauld to	23a. E	SURIAL CREMATION, REA	1- L	) EL	4NL7	AME OF CE	43	ZS &	123d LOCATION	51	5_>. 2	0106
BP	Bi	specify) vrial							tory Silve	er Sprin	ig Monta	omery Md.
DHMH - 16 60M 7/84 (VRA 15, 4)		UNIVERSITY OF UNIVERSITY	ancis J	. Col	lins, J	r.		25a DATE		AR 256 REGIST	RAR'S SIGNATU	RE



15	It	em # 5 & 6, Film G 6	22, 12/24/8		E OF MARYLAND		8 6	3	2 4	165
	1 -	STATE REGISTRAR	J		EALTH AND MENTA ICATE OF DEATH		REG. N			
00000	1. DE	CEASED NAME FIRST	MIDDLE	ı	AS1	2c. DA		MONTH DAY	YEAR	2b. HOUR
UZ61 JEB DEC.	TYPE	Palvet	Joseph	Da	oobus			11 26	86	INDD.
à 20 10+t	3. SE2	10000	RACE	5. DATE C	OF BIRTH	6 AGE	(IN VEARS LAST BIR		DER I YEAR	IF UNDER 24 HRS
s ofte		Male C	Laucasian	MONTH	DAY YEA	8	50	MONT	HS DAYS	HOURS MIN.
Poga dir	7e. BI	RTHPLACE (STATE OR FOREIGN 76.	CITIZEN OF WHAT COUNTRY	? 8.	_/	9 BAL	TIMORE CITY O	R COUNTY OF	DEATH	
to 72 n 72		ew York	U.S.A.	MARRIE		A	lontan		Co.	AAD
do the	10 CI	TY OR TOWN OF DEATH	. NAME OF HOSPITAL, NURSI	NG HOME C		N 12a U	SUAL OCCURATI	ON 01	2b. KIND OF	BUSINESS OR
oy the self of the	To	Koma Park V	CIFNOT IN SUCH FACILITY, GIVE STREE		ist Hospi	tc   Di	of work for most of afteman	F WORKING LIFE)	\pplie	ed Physic
212	USU/	AL RESIDENCE (IF NURSING NOME OR OTITATE N3 COUNTY		RE ADMISSION)			DEET ADDDESS	7ID CODE		
ND 24	/	MD PG	Huatts		136 INSIDECITY LIMI		FEET ADDRESS	ation	Rd.	20197
tely 2 sh	M FA	THER'S NAME	V	11.6	15. MOTHER'S MAIDE			3 CVCVCVC	14,	41107
MAR whole on d	1000	Patrick	Donohi	ıe	Marga	ret	MIDDLE		POL	vers
d co		AS DECEASED EVER IN U.S. ARME		URITY NO.	17. INFORMANT		ADDRE	SS	100	20. 3
IMO Pog	Ye	es-Navy Korea	076-24	-3016	Josephine	Gloria	a Donohu	e (Wife)	Same	as #13
3ALT		18 CAUSE OF DEATH (Enter only	one couse per line lor (a), (b), a	nd (c+.)	1	4 4 .			APPROXIA BETWEEN O	MATE INTERVAL
SIT.	-	PART I. DE ATH WAS CAUSED E IMMEDIATE (		resp	inatory 1	old	less			
NO E			DUE TO, OR AS A CONSEQU	JENCE OF	1	,				
deoi deoi	4	Conditions, if ony, which	(b) end	-5ta	ar core	our ob	Structio	e pulm	ndis	elene.
A T	-	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEOL	JENCE OF	0					
thot thot d by eose ol, c		underlying cause lost	(c)	==//						
uires ugne en pl	z	PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE	E TERMINAL D	ISE ASE OR CON	DITION GIVEN I	N PART 110	
Iow requires to the second of	CERTIFICATION									
REC.	FICA	19a DATE OF OPERATION	196. CONDITION FOR WHICH	-I OPERATIO	N WAS PERFORMED	200	AUTOPSY?	206. IF YES, WI	G CAUSES	GS USED OF DEATH?
DIVISION OF VITAL  NG PHYSICIAN: The offer this certificate has os the buriol-tronsit pit and Mental Hygon orked or them 18 shown	RTI	A LOCATION OF THE PROPERTY OF	AN THE OF BUILDY		Val. 1100111111111	YES		YES [	]-	NO 🗆
Physical Phy		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH D	AY YEAR	21c. HOW INJURY O	CCURRED (E	NTER NATURE OF INJUI	RY IN ITEM 18 PART I	OR PART 2)	
SIC   SIC   Lent Cent Cent Cent Cent Cent Cent Cent C	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19						
PHY ends this he b	MED	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE.	FARM, ETC )	211 LOCATION		CITY OR TO	WN	COUNTY	STATE
NG NATer off that the orke		AT WORK NOT WHILE AT WORK			,				d	
S. A. S. A. S. A. S. A. S. B.		220.1 certify that (1) (this haspital)	ottended the deceased from.	8611	76 195	6 h, to		16_ 19_		hot (I) (we) lost
ATTE Spirte CTO I for n 21		sow the deceased alive on above, (1) (we) (did) (did not) v	new the body ofter death.	86_, dr	d that in (my) (our) op	pinion death o	ccurred on the de	ote and hour and	d from the c	ouses stated
OR or house house house house house he		276. SIGNATURE	11.		DEGREE		15.1		22c DATES	GIGNED
TAI y the detection of the lighter lig		1/m	The co	anier	ExamePHYSICI	IAN DIREC	CTOR PHYSIC	IAN		
OSPI oed b	VV	226. PHYSICIAN'S NAME (TYPE OR PR	// / /		22e. ADDRESS	FO	un 5+	- Nm	hail	la non
O HOS storned		1/AVC	m. YEN		1 110	1200	con or	1000	To the	74 7775
7 2 2 3					EMETERY OR CREMAT	ORY 23d.	LOCATION		LINITY	STATE
BP		Burlal			Heaven Cer					nery Md.
DHMH - 16 60M 7/84	24 F	rancis Gasch's S	ons Funeral Hot	me, P.	A. 25		BY REGISTRAR	25b. REGISTRAR	SSIGNATU	JRE
(VRA 15, 4)	4	739 Baltimore Av	enue Hyattsvil	le, Md	. 20781	DEC 2	1986	Alia N	wel.	2

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## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	KE	STATE REGISTRAR			DEI ARTI	CERTIF	ICATE OF DEATH		REG. NO	0.		
1		OR PRINT	FIRST		WIDOLE	· ·	AST		F DEATH		DAY YEAR	26 HOUR
Į			REED	S.	A	DUNHA			mber		1986	7:30A <sub>M</sub>
1	3. SEX			4 RACE	-5 0-50	S. DATE C		6 AGE IN	TEARS LAST BIR	THDAY)	MONTHS DATS	HOURS MIN.
1		Male		Whi	te	Oct	/	75	5	YRS		
1		RTHPLACE (STATE OR)	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9 BALTIMO	RE CITY O	R COUNT	TY OF DEATH	
	-	hio		U.S.	Α.	WIDOWE			tgomer			MD.
		TY OR TOWN OF DEA	ATH	(IENOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	120 USUAL (TYPE OF WOR	OCCUPATI RK FOR MOST O	014		OF BUSINESS OR
		thesda			ohnson Av			Infor	rmatic	on Sp	ed. U.S	Gov't
	13a S	L RESIDENCE OF NURS TATE aryland	13b COUN		Bethes de	N	13d INSIDE CITY LIMITS? YES NO	13e STREET 5607	John:	zip cot	venue	0817
7	14 FA	THER'S NAME		MIDOLE	LAST		15 MOTHER'S MAIDEN NA	ME	WIOOLE		145	51
1		Fred	S	•	Dunhar		Elizabeth				Reed	
	{Y	AS DECEASED EVER		MED FORCES?	16b SOCIAL SECU		17 INFORMANT		ADDRE			
1		Yes	WWI	I	284-01-8	3809	Wife - Martha	a C. Du	ınham	- Sa		
ı		18 CAUSE OF DEAT	H (Enter on	ly one couse per	line for (a), (b), an	d (c )	0 :-	A-	160.	0	BETWEEN	ONSET AND DEATH
1		PARTI. DEATT		E CAUSE (0)	una	en go	shoulds	Klind	occe	de	( 2	days
1				DUETO, OF	RAS A CONSEQUE	NCE OF	. 0				7	0
		Conditions, if ony, gove rise to imm	, which	(b)	- GA	210	- weer				500	cays
1		couse (a), statir underlying cause	ng the	DUE 10. 0	RAS A CONSEQUE	NCE OF						
1				(0)					-			
	NOI	PART 2 OTHER SIGI	nificant (	CONDITIONS	Lere of	elise	Lie hear	AINAL DISEAS	E OR CON	DITION G	IVEN IN PART 1	0
	CERTIFICATION	190 DATE OF OPERA	TION	19b CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTO	OPSY?	IN CERT	ES, WERE FINDION TIFYING CAUSES	
7	CER	21a. ACCIDENT WAS UNI				VEAR.	21¢ HOW INJURY OCCUR	RED (ENTER NA		RY IN ITEM IB	PART I OR PART 2)	
4		OR CONTRIBUTING		1111	m. month di m.	19	A STATE OF					
	MEDICAL	21d INJURY OCCUR		21e PLACE	OF INJURY		211 LOCATION	. 3	CITY OR TO	IWN	COUNTY	STATE
	×	WHILE NOT WE	HILE D	(AI HOME, SIK	REET, FACTORY OFFICE F	ARM EIC)						
		220.1 certify that (I)	( <del>shis hospi</del>	totr ottended th	e deceased from_	5	182 19	, to	me	me.	. 19	that (I) (we) lost
1		sow the decease above, (1) ( <del>we) (</del>	ed alive on did (did no	I view the body	ofter death.	01	nd that in (my) (our) opinion	death occurre	ed on the de	ote and ha	our and from the	couses stated
ı		22b. SIGNATURE		101			DEGREE	/	67.		22c. DATE	SIGNED
		Lee	erc	Mesto	u	0	ATTENDING PHYSICIAN	MEDICAL	STAI		11/	17/12
		LEWIS	1	A HILL	un		5411 WCA	DAR C	N. O	ETHO	ESOA, M	0 2081
	23a B	URIAL, CREMATION,	REMOVAL			NAME OF C	EMETERY OR CREMATORY	23d LOC	ATION Y OR TOWN		COUNTY	STATE
		emation		11/18/			litan Fun. Sv	c. Al	exand:	2 0	200 0 0	Va
	24_FU	INERAL DIRECTOR	1001		DeVol Fun			FRE 2. TY	REDNURAR	256 REGIS	STRABE BARTS	Machine
		moun El	5	21 V	Vashingto	n, D.	C.					

DHMH - 16 60M 7/B4

(VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

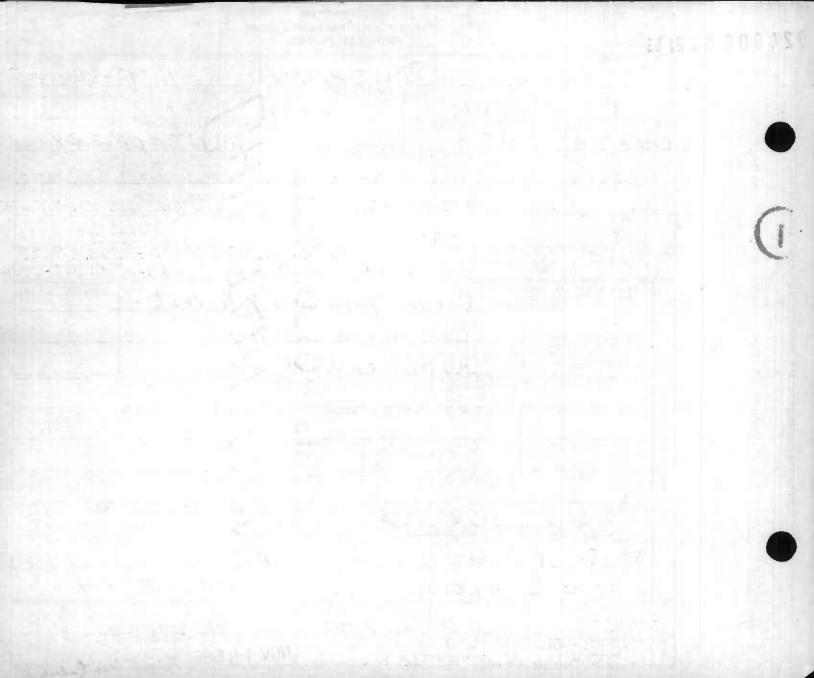
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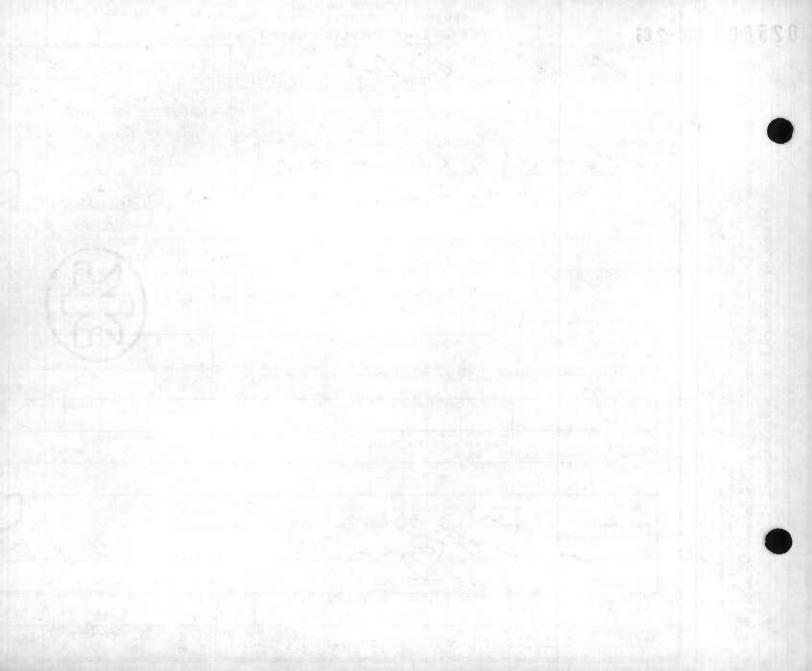
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/ISIG	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC )	211. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
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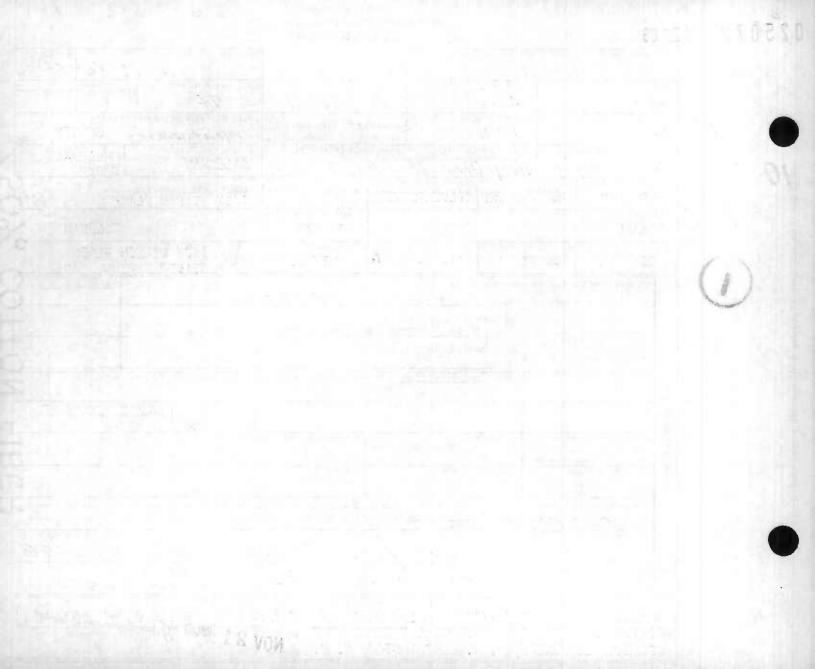
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oring or	PART 2 OTHER SIGNIFIC.	ANT CONDITIONS CONTRIBUTING TO DEA	ITH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONE	DITION GIVEN IN PART 110	
TAL RECO	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYIN	196 CONDITION FOR WHICH OP	ERATION WAS PERFORMED	20a AUTOPSY? YES NOS	20b. IF YES, WERE FINDING IN CERTIFYING CAUSES OF YES	
SiCIAN: ng phys certifica certifica urial-tran vental Hy	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE LIFETHER NOTIFY MEDICALEX.	DE DEATH HOUR A.M. MONTH DAY MINER) P.M.	YEAR 19 216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART I OR PART 2)	
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OR ATTENDIA e hospital or or DIRECTOR: A sched for use Dept of Heal		hospital) attended the deceased from ye on 1/-/5 19 2 Id not) view the body after death.	and that in (my (aur) opinion	death occurred on the da	te and have and from the ca	
O HOSPITAL OF etained by the TO FUNERAL DII should be detach with the State De	22d. PHYSICIAN'S NAME		22e ADDRESS	MEDICAL STAF	F IAN [	
TO HO retaine	230 BURIAL, CREMATION, REMO	D. A LBIOL  DVAL 123b. DATE 123c. NAM	6121 PT	123d LOCATION	JE FG	
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DHMH - 16 60M 7/84 (VRA 15, 4)	'DANZANSKY-GO 1170 ROCKVII	LDBERG MEMORIAL LE PK. ROCKVILLE	CHAPELS INC. NO.	TE REC'D. BY REGISTRAR	ISB REGISTRAR'S SIGNATUR	E



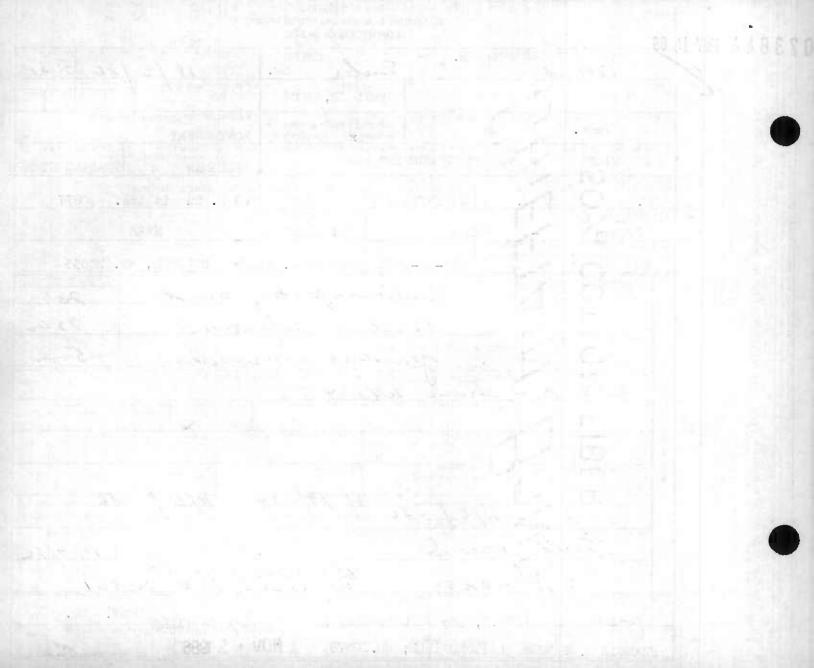
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Z FOR FOR STR	3 SE	emale RACE	S. DATE OF BIRTH	YEAR LAST BIRTHDAY) WONE	NDER 1 YR. IF UNDER 24	IN PRONOUNCED A	MONTH DAY YEAR
SAR) ALDI YOU STON	7a. 8	RTHPLACE (STATE OR	Oct. 26,	1921 65° RS.	7-7	DEAD DEAD	DR COUNTY OF DEATH
IS NECESSARY, PLEASE HE FUNERAL DIRECTOR. SE S. FOR YOUR FILES. ED. "ITHIN 72 HOURS IN NESTON STREET,	N	ew York	USA	WIDON	WED DIVORCED	1 Mon	Tanne wo
S, SOIL	10. C	TY OR TOWN OF DEATH	II. NAME OF HOS	PITAL, NURSING HOME, OR OTI	HER INSTITUTION 12	O. USUAL OCCUPATION (TYPE	
크(C # A X)	16	RESIDENCE (IF IN NURSING	PHOME OR OTHER INSTITUTION, GIV	VE'RESIDENCE BEFORE ADMISSION)	4000	Homemaker	
21201 FANY DEI AND 3 TO RETAIN HOULD BI			COUNTY GES 1999	13c LITY OR TOWN	YES NO 1	STREET ADDRESS	th P1, 20783
. MD		THER'S NAME Lawrence	WIDDLE	Pestillo	Is. MOTHER'S MAIDEN	NAME	Sanzo
A STANCE	No.		I.S. ARMED FORCES?	16b. SOCIAL SECURITY NO.	I7. INFORMANT	ADDRESS	
BALTIMORE, MD. 2120' S. AFTER CEATH F. ANY GIVE PRISES TO A RID TITH FORM BY AS RETA PAGES TO SET A PAGES TO SE	4	VAS DECEASED EVER IN U ES NO. PRUNKNOWN) (1F YI N A	ES, GIVE WAR OR DATES)	060 18 3893			oand (Same as 13)
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<b>6</b> 4E3898		IMA	MEDIATE CAUSE (a)	AS A CONSEQUENCE OF	70000	12 110	
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> 0887.40		lying cause last.	DUE TO, OR	AS A CONSEQUENCE OF			VKT LIVE III
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EXAMNER. CERTIFICAT CERTIFICAT CONTROL		death resulted fram:	Natural causes	Accident . Suicide		Indetermined manner .	
AL EXAL HE CERT HOULD IN TH, WITH, WITH, WITH		ACTUAL SIGNATURE	551	Topen	TITLE (SPECIFY)		DATE / GU MART
DECA NERA NORE	1	EXAMINERS NAME	-	- 0		MEDICAL EXAMINER	SIGNED DIFTITUTS
TO MEDICAL EXAMINER EXECUTE THE CERTIFICA, PAGE 4 SHOULD BE FO TO FUNEAL DIRECTOR AFTER DEATH, WITH THE BALTIMORE, MARYLAND		(TYPE OR PRINT)		Rogers MD	ADDRESS	9 Seminary	Rd.S.S.Md.
		JRIAL, CREMATION, REMO Burial	236 DATE 11/29/86	Gate of H		3d LOCATION CITY OF TOWN S.S.	Mont Md.
07/84 BP 25M DHMH - 17		INERAL DIRECTOR			250. DATE REC'	D. BY REGISTRAR 256 REGIS	
(VR A15 ME (5))	H	ines/Rinal	ai II800 M	ew Hamp.Ave,	S.S.MQEU	3	The total will be to be



025	078	NOV	25 1	FOR STATE REGISTRAR			DEPARTA	MENT OF HI	OF MARYLAND ALTH AND MENTAL CATE OF DEATH			3	2 %	7
,	7.5		1. DEC	CEASED NAME OR PRINT)	PIRST	4	MIDDLE	Edel.	man	2α.	REG. N DATE OF DEATH		8 86	305 M
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DIVISION OF VITAL RECORDS, 20	has been signed permit. Then pil	San mark	HEICATION	PART 2 OTHER SIG				773	NOT RELATED TO THE		DISEASE OR CON	20b. IF YES	EN IN PART 11.  WERE FINDIN YING CAUSES	NGS USED
IN OF VITA	ing physics certificate original	9	MEDICAL CERT	21a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MED 21d. INJURY OCCUR	CAUSE OF DEAT	Р.	OF INJURY  M. MONTH DA  M.  OF INJURY	YEAR	21c. HOW INJURY OF	CCURRED	(ENTER NATURE OF IN)			
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	SCTOR A d for vie	m 21 is me		220.1 certify that (I saw the decea abave ((I)/we) ( 22b. SIGNATURE				1	3 , 19 , 19 , 19 , 19 , 19 , 19 , 19 , 1	56 , pinian death	accurred on the o	Salate and hav	r and fram the	
	pined by the h FUNERAL DIR	PORTANT, # No	' /	THE SIGNATURE	AME TYPE OF	(PRINT) WZ	ROND	In win	ATTENDITE PHYSICIAL 22e ADDRESS 5	AN DI	EDICAL STARECTOR PHYSIC	CIAN []	11/18 DR 2081	1/86
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deoth. Po	5		RTHPLACE (STATE OR FO	88.	USA		WIDOW		ORCED	9 BALTIMORE MONTGO		JNTY OF DEATH	MD.
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filled in	day.		AL RESIDENCE (IF NURSINITATE	MON!			E BEFORE ADMISSION) R TOWN HERSBURG	13d. INSIDE CI YES X		13e.STREET ADD			:0877
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execut ond co	medical		VAS DECEASED EVER II		ED FORCES?	166 SOCIA	L SECURITY NO.	17. INFORMAL	NT		ADDRESS	100.00	TORITO
Cate be executivistic by second conditions. Pages wol.	a Be		NO			174-	14-2852	ROBER'	T J. EM	LER D	ERWOOD	, MD. 20	0855
Ligar requires that the death of the special s	s any injury, ar ather trauma	CERTIFICATION	Conditions, if ony, gove rise to immeass (a), stating underlying cause  PART 2. OTHER SIGN  OF DATE OF OPERATI	ediate the lost	DUE TO, O	ONTRIBUTIN		IF		NAL DISEASE O	Y? [20b. II	N GIVEN IN PART IF YES, WERE FIN ERTIFYING CAUS	IDINGS USED
The sicion are hars pygier	\$	ERTI	210. ACCIDENT WAS UNDE	RIYING	216. TIME C	OF IN ILIRY		121, HOW IN	ILIPY OCCUPA			YES	NO []
SICIAN: ng phys certifica urial-track	ltem 28	MEDICAL C	OR CONTRIBUTING CA	AUSE OF DEATH	HOUR A	.M. MONT .M.	H DAY YEAR			TENTER NATURE	GE INJURY IN THE	MID PARTIORPART	q
NG PHYSICIAN; ] offending physic fler this certifican os the buridi-trons th and Mental Hyg	orked or	MED	21d. INJURY OCCURRE			OF INJURY REET, FACTORY, (	OFFICE, FARM, ETC )	211. LOCATIO STREET	/	CI	ITY OR FOWN	COUNTY	STATE
NO IN OF A STATE A STA	E SI		22a.1 certify that (I) (			/ / /	1	3/17	19 8 4		16-1	1956	_, that (I) (we) last
ATTE aspirte aspirte d for	п 21		saw the deceased abave, (1) (we) (di	d) (did not)	view the body	ofter geoth.	19	1	(our) Opinion d	leath occurred of	n the date and	d hour and from t	
the high proche	I: If he		22b. SIGNATUR	16	In	un	2	DEGREE A	TTENDING PHYSICIAN FI	MEDICAL DIRECTOR	STAFF	0.1.00	ATE SIGNED
HOSPITA FLNER Wild be d	PORTAN		22d. PHYSICIAH	ME ITHE	10	NES		22 ADDRESS	VEIRS	5 MiL.	Z. 6		, ,,,,
5 5 5 1 £	3-	230 E	URIAL, CREMATION, R	EMOVAL	23b. DATE	10.00	23c. NAME OF C	EMETERY OR C	REMATORY	23d LOCATIO	N	20221	,
BP			SPECIFY) BURIAL		NOV. 8	1086		NSVILLE		CITY OR T	OWN	MONT .	MD. STATE
DHMH - 16 60M	7/84		INERAL DIRECTOR						250. DATE			GISTRAR'S SIGN	JATURE
(VRA 15, 4)		T	PRANCIS H.	BARBE	R LAY	IONSVÎ	LLE, MD.	20879	NO	V + 2.19	86	in Training	0,



Burial

24 FUNERAL DIRECTOR

DHMH - 16 50M 7/77 (VR A 15 (4)) Nov.

Capitol Funeral Service

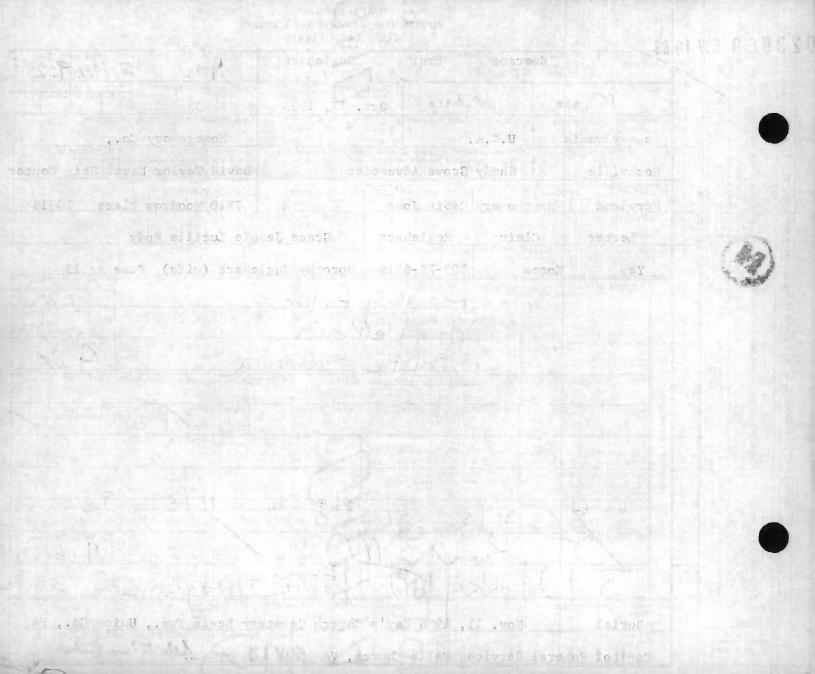
STATE OF MARYLAND

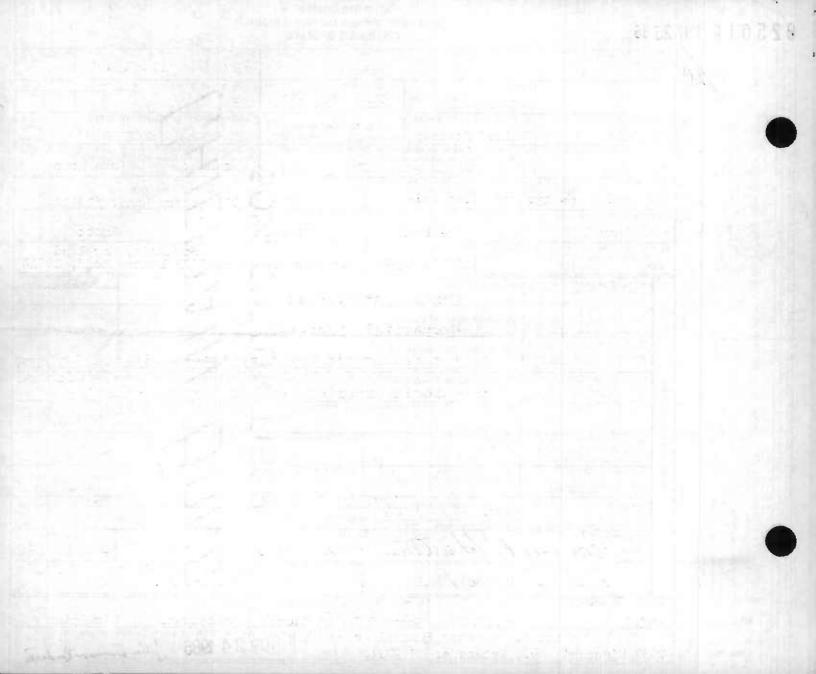
1986 Ray's Church Cemetery Lewis

Falls Church, VA

Twp., Union Co.,

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE





DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH

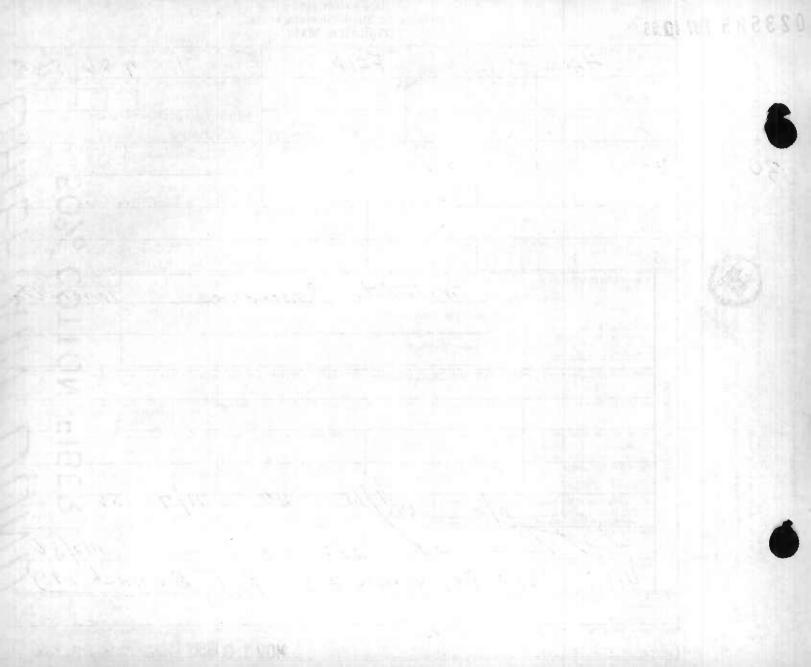
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REG. N				
DATE OF DEATH	MONTH	DAY	YEAR	26 HOUR
	11	16	86	26 HOUR

- 1	-							K	EG. 190.				
	CEASED NAME	FIRST		AIDDLE	t	AST		20. DATE OF DEA	німом НТ	DAY	YEAR	26 HOL	JR
1	EL.	IZABETH	· ·	L.	EWE	EN			- 11	16	86	773	30PM
	1.5EX	14	RACE		5. DATE C	OF BIRTH		6 AGE (IN YEARS I	AST BIRTHDAY)	IF UND	ERIYEAR	IF UNDER	
	Female		White		4400171	DAY	508	88		MONTHS	DAYS	HOURS	MIN.
	2				Fei	b. 10, 18			YR:				
5	To BIRTHPLACE (STATE OR COUNTRY)	FOREIGN 7		WHAT COUNTRY?	MARRIEI	D NEVER MARR	IED 🗆	9 BALTIMORE C					
	PA	11671		.A.	WIDOWE			MONTGO	MERY C	DUNTY			MD.
7	10 CITY OR TOWN OF DE	ATH 1		HOSPITAL, NURSIN		OR OTHER INSTITUTI	ION	120 USUAL OCC			KIND O	F BUSINI	ESS OR
	BETHESDA		CARRIA	GE HILL-E	BETHES	SDA		Housew		0 8112) 1141	Hor	ne	
	USUAL RESIDENCE (IF NUR										-		
4	13a STATE	Mont		Bethesd		13d INSIDE CITY LI		13e.STREET ADD			208	1/1	
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7	THE EATHERS NAME	MI	DDLE	LAST		FIRST			DDLE		LAS	T	
6	Walter		C.	Livingst		Eliza	beth				Ste		
	160 WAS DECEASED EVER		ED FORCES?	166. SOCIAL SECU	RITY NO.	17. INFORMANT			20 Midd	leto	n Rd		SC
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्री	underlying cous	e lost.	(6).					7.6					
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ď	90 DATE OF OPERA							YES TO NO	INCE	RTIFYING YES 🗀	CAUSES	OF DEA	
2	21a, ACCIDENT WAS UN	DERIVING [	21b. TIME O	F IN ILIRY		21c HOW INJURY	OCCUPPI				D D A D I 21	140	
9	OR CONTRIBUTION		110110 4	M. MONTH DA	YEAR	The state of the s	OCCORR	LD TENIER NATURE	OF INJURY IN HEM	IB PARTIC	JR FAR( 2)		
	(IF EITHER NOTIFY MED		P./		19	V V V							
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	AT WORK AT WO	ORK SILH											
	220.1 certify that (I	) (this hospito	ny ottended the	e deceased from_	7	way 19	84	to	11-1	5, 19	6	thot (I) (	lost
	saw the decea	sed alive on_		15 19	£6. or	nd that in (my) (com)	apinion d	eath occurred on	the date and	haur ond	from the	causes st	ated
	obove (I) (we)	(did not)	view the bady	ofter deoth.		DEGREE			377		2c DATE		
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	Russel	rr M• J	errea,	TI 3 LID		I TOIL PIR	Ave	Till How	11, 50				
	230 BURIAL, E ATION	, REMOVAL	23b. DATE			EMETERY OR CREM		23d. LOCATIO					
	(SPECIFY) Crematio	on	11/1	.8/86 Mt	. Con	fort Crem	ator	y Alex	VA	COU	NIY		STATE
	24 FUNERAL DIRECTOR	seph Ga	wler's	Sons, Tr	ic.		25a. DATE	REC'D BY REON	HAR 25h AEG	STRATS	SIGNAT	00.1	488
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DHMH - 16 60M 7/84 (VRA 15, 4)

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		4 m	or, p		3. SE		4. RACE		5. DATE O	DAY	YEAR	6. AGE (IN YEARS LAST BI		INDER TYEAR	HOURS MIN.
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		r de	300	P	10. C	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN			TITUTION	MONTGOMI		12b. KIND OI	MD. F BUSINESS OR
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7		(		c event, t		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA	nly one cause pe ED BY: TE CAUSE (0)	mels	stel	te (	Parcen	ena.		BETWEEN C	MATE INTERVAL INSET AND DEATH
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۵		TENDIN	TOR: Aft for use as	21 із тог		22a I certify that (I) (this has sow the deceased alive a above (I) (we) (did) (did n		0 19 8	9/	d that in (my	, 19.80 ) (our) opinion o	deoth occurred on the o	7 . 19. ote and hour or	~ /	hot (I) (we) lost
		the hos	L DIREC	If Item		22b. SIGNAYURE	3	rafter deoth.	1	DEGREE	ATTENDING N	MEDICAL STA	FF CLAND	221. DATE	SIGNED
		etoined by	TO FUNERAL I	MPORTANT		220 PAYSICIAN'S NAME (TYPE	OR PRINT)	DR, WI	heator	220. ADDRE	SS D	R.T.	BenA	ck	141)
				<u> </u>		URIAL, CREMATION, REMOVA	23b. DATE	23c. N	AME OF CE	METERY OR	CREMATORY	23d. LOCATION CITY OR TOWN	C	YTAUC	STATE
		BP		-		BURIAL		0/86 Mc	. 01i	vet C	emetery	Frederic		lerick	MD
			H - 16 60/					STAUFFER			ZSO. DATE	E REC'D. BY REGISTRAN			
		(	VRA 15,	9)		621 Opossumtown	1 Pike,	Frederick	, MD	21701		V 1 0 1986	Julia De	orden.	endall



23 43 191 G 8 B 1 5 There were received a comment N. Markeyson of Salating The second of th VIVE STATE THE THEORY SAIN MOVE 1 SHOULD BE STORED

25479 DEC-1	86	FOR STATE REGISTRAR	DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE REG. NO.	824/8
47		CEASED NAME FIRST	MIDDLE	LAST		DAY YEAR 26. HOUR
y be	(TYPE	ORPRINT) /R V///		I-EURSTEIN	NOV 21 1	986 8.30 PM
ge 4 mo	3 SEX	MALE	WHITE	5. DATE OF BIRTH  MONTH  DAY  1804	82 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
a # # /		RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNT	RY? 8.  MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
e ii a	N	SWARK NJ	11. NAME OF HOSPITAL NU	RSING HOME OR OTHER INSTITUTION	Montgomery 120 USUAL OCCUPATION	MD.  12b. KIND OF BUSINESS OR
by the filed with	E	ETHESDA ,	GROSUENCE C	HEACTH CARE	CAB DRIVER	
AND 21	130. 5	md 136.00	OR OTHER INSTITUTION GIVE RESIDENCE E	TOWN 138 INSIDE CITY LIMITS?	130.STREET ADDRESS / ZIP CODE	
MARYL andlersh and 2 y	A FA	THER'S NAME FIRST	MIDDLE Feurst	ein (Unknown)	AJDDEE	(Unknown)
IMORE, If and co		VAS DECEASED EVER IN U.S. A (15 YES, O) OR UNKNOWN) (16 YES, O)	THE WAR OR DATES	38-1423 Esther R.	3705°TVy Hil Adato Bowie, Mar	yland 20715
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flow redictions that the describes of been found by a attending service. These periods controlled to burish, commonlaw, or estimations, or either transmitted.		Conditions, if any, which	DUE TO, OR AS A CONSI	energlized Ar	Teriosclerosis	30 years
or w.P		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSI	EQUENCE OF		<u> </u>
DRDS, 2 Thail to but	NOL			TO DEATH BUT NOT RELATED TO THE TERM		
At RECC he law an. has be it permit there price	CERTIFICAT	190 DATE OF OPERATION		HICH OPERATION WAS PERFORMED	YES NXX YE	S, WERE FINDINGS USED YING CAUSES OF DEATH? S NO NO
OF VIT	1.30	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER NOTIFY MEDICAL EXAMIN	DEATH HOUR A.M. MONTH	DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 P	ART T OR PART 2)
DIVISION OF NG PHYSICI offer this cert frond Mente thoold Mente	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FICE FARM ETC.)  211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
PATTENDIN Hospital or RECTOR: After The for use or pipt. of Health fem 21 is mon		sow the deceased alive of	ipital) attended the deceased transport of the body attended the deceased transport of the body attended to the bo	om September 19 55		19 8 c, that th (we) last r and from the causes stated
AL DI detock betock Tr. If H		22E SIGNATUR	F. Sunopo	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1220 DATE SIGNED NOV. 21, 1986
TO HOSPII retoined by TO FUNER schould be with the Str		JOHN F	· Gustafso	n, MiD. 220. ADDRESS. W.	isconsin Ave	KID! 20815
BP	L	URIAL, CREMATION, REMOVA SPECIFY) Burial	11/23/1986	23E. NAME OF CEMETERY OR CREMATORY Mount Lebanon	Hydesville,	coupy. G., Md.
DHMH - 16 50M 4/83 (VRA 15, 4)	200 23	NALIDIRMIORSTEIN 2 CARROLL STRE	HEBREW MEMOKIA ET, N. W., WAS	HINGTON, D. C. NOV	te RECD. BY NEGISTRANIZS REGIST	RAPS SIGNATURE

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STATE OF MARYLAN FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

ы	-3	MAIRAR						REG. NO	O			
ï		ASED NAME FIRST	A BUT A	WIGGLE		LAST	21.	20 DATE OF DEATH	HINOM	DAY YEAR	25 HOL	_
7		Hugh		anklin		Ltch		November 2			5:2	
1	2. SE)	×	4 RACE		S. DATE (		AR	6 AGE (IN YEARS LAST BIR	HDAY)	MONTHS DATS	HOURS	24 HRS
,		Male	Whi	te		18, 1908		78	YRS			
d	BI	RTHPLACE   STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D W NEVER MARRI	ED [	9 BALTIMORE CITY O	R COUNT	Y OF DEATH	1000	
7		Virginia	United	States	WIDOW			Montgomery	Coun	ty		MD.
7	0 CI	ITY OR TOWN OF DEATH	11. NAME OF			OR OTHER INSTITUTION	ON	120 USUAL OCCUPATI	ON	12b. KIND C	F BUSINI	ESS OR
4	Si	lver Spring		hiswick C				Store owne		Orient	al ru	as
4		AL RESIDENCE OF NURSING HOME OF		GIVE RESIDENCE BEFORE		1136 INSIDECITY LIA		13e STREET ADDRESS	710 000			
4			gomery	Silver Sor		YES NO		3562 Chisw			/ 209	906
請	_	ATHER'S NAME				15 MOTHER'S MAIL		NE 3				
		William Wa	WIGGIE	Fitch		Belle		Middle		McGeh		
4	160 V	VAS DECEASED EVER IN U.S. AI	RMED FORCES?	16b SOCIAL SECU	RITY NO.	17 INFORMANT	-	Minor		McGei	iee	
1	-0	YES NO OR UNKNOWN) (IF YES GI	IVE WAR OR DATES)	322-09-3	738	Dorothy	A. F:	itch, Same	as I	.3		
. 1		18 CAUSE OF DEATH /Enter of	nly ane cause per	lar (a), (b), and	d c					APPROX	MATE INTE	RVAL
П	- 3	PART I. DEATH WAS CAUS	EĎ BY: (TE CAUSE (a)	what	-	Caneer.	stl	netestas	200		yes	
	1	WWEDIA	Andrew III							1		
П		Candisiana II 13.1	DUE TO, O	r as a conseque	NCE OF							
		Canditians, if any, which gave rise to immediate	(b)_								_	
	100	cause (a), stating the underlying cause last.	DUE TO, O	R AS A CONSEQUE	NCE OF							
1			(c)									
	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	DNTRIBUTING TO D	EATH BUT	NOT RELATED TO TO	HE TERMI	NAL DISEASE OR CON	DITION GI	VEN IN PART 1	a	
9	CERTIFICATION	90 DATE OF OPERATION	19b COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	)	200 AUTOPSY?	20b. IF YE	S, WERE FINDI	NGS USE	D
4	HHC							YES NOTE		FYING CAUSES	OF DEA	_
4	ERT	210. ACCIDENT WAS UNDERLYING	7 216 TIME O	F INJURY		21¢ HOW INJURY	OCCURR	ED (ENTER NATURE OF INJU			140 [	
		OR CONTRIBUTING CAUSE OF DE	HOUR A.	M. MONTH DA								
	MEDICAL	116 INJURY OCCURRED	P. PLACE	M,	19	211 LOCATION					-	
1	ME	NOT WHILE		REET, FACTORY OFFICE F	ARM ETC )	STREET		CITY OR TO	WN	COUNTY		STATE
1	ĸ	AT WORK				13.3	97	7 8 7	US	10 86		
1		saw the deceased alive a	11/0	deceased from	10	19.	06	to CO		19	that (I) (	
1		abave, (I) (we+did) (did n	ot) view the bady	after death.	. 0		apinian a	eath accurred an the de	ite and had			ated
1	5	MONATURE	() -1			DEGREE	2140	MEDICAL STAL		22c. DATE	4	0
		Marked ?	. The	land	/	ATTEN PHYSI	CIAN X	MEDICAL STAI		1281	Vov	06
		220 PHYSICIAN'S NAME (TYPE				22e ADDRESS	,					
		DONALD E.	DILLON,	M.D.		2901 01r	ney-S	andy Spring	Rd.	, Olney	, MD	2083
		BURIAL, CREMATION, REMOVA	L 23b. DATE	23€. ▷	AME OF C	CEMETERY OR CREMA	ATORY	23d LOCATION		COUNTY		1.15
		Cremation	11-28-	86 Met	ropo	litan Crem	ator	y Alexandr	ia,	Virgini		STATE
	24 FL		rd Rapp.	Inc. ADDRESS			250 DATE	REC'D. BY REGISTRAR	256, REGIS	TRAR'S SIGNAT	URE	
	1	804 T Street, 1		hington,	DC	20009	DE	C 1 1986	Julia	Divideon.	Kanda	LL.
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DHMH - 16'60M 7/B4 (VRA 15, 4)

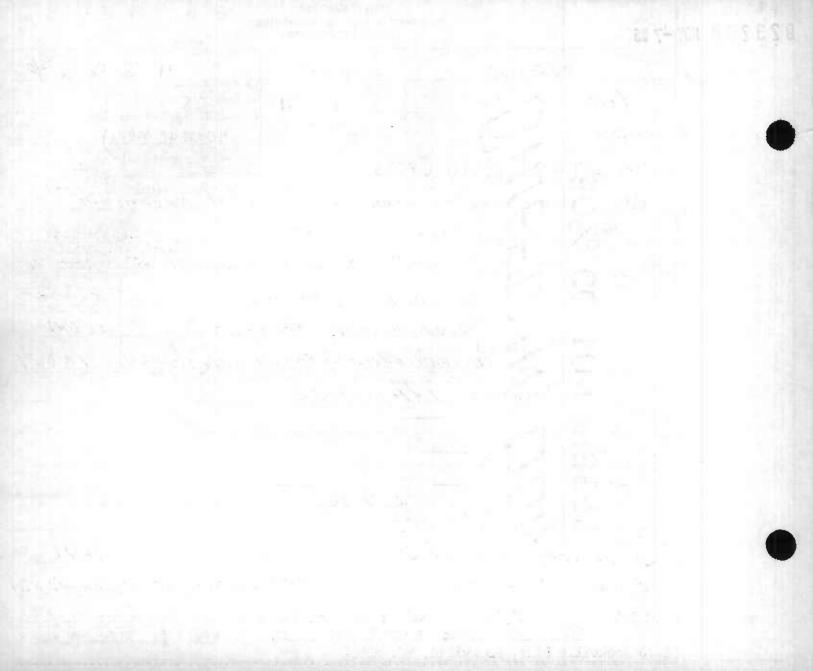
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oy be deoth	{ TYP[	CEASED NAME FIRE	er		T.	-	SECA			OF DEATH	- 2	9 - 86	26. HOUR 500 AM
rector. p		Male		ucasi			L 24 <sup>AY</sup>	1 958	28		YRS	IF UNDER LYEAR	IF UNDER 24 HRS HOURS MIN.
11/1/2	Wa	RTHPLACE (STATE OR FOREIG COUNTRY) Shington, D.	c.	u.s.		MARRIE		VORCED	Mont	gomeri	1		MD.
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AND 21	130. S Ma		DME OR OTHER COUNTY Ntgom	ery	13, CITY OR TON Wheaton	RE AOMISSION) VN	13d. INSIDE C	NO 🗌		ADDRESS 1	SZIB CODE	Street	20902
MARYL red within	14 FA	Jaime	MIDDLI	E	Fons	eca	Н	S MAIDEN NAM Oriensi	a	WIDOFE		Vagi	lio
IMORE,		VAS DECEASED EVER IN U. YES NO OR UNKNOWN) (IF)	S. ARMED YES, GIVE WAR		166 SOCIAL SEC 120-54-		1	A. Fons				ing, Md.	20902
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The low requires that the death certificate be executed within 24 contending physician. When the present is signed by the oftending physician and completely littled into as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be the and Mental Hygene prior to burial, cremation, or removal.	NOI	18 CAUSE OF DEATH IER PART 1. DEATH WAS C IMM Conditions, if ony, whi gove rise to immedia couse (o), stofing t underlying couse lo PART 2 OTHER SIGNIFIC	ch (ste	DUE TO, O  (b)  DUE TO, O  (c)	RAS A CONSEQUENCE AS A	ENCE OF	mmun	ODEAL	(ency	SYN	Dlom	E	11 mol
he low r on. hos bee t permit iene prio	CERTIFICATION	190 DATE OF OPERATION		196 COND	ITION FOR WHICE	OPERATIO	N WAS PERFO	DRMED	20a AU YES	TOPSY?	20b. IF YES IN CERTIF YE	, WERE FINDING YING CAUSES	NGS USED OF DEATH?
SICIAN Tong physics certificate uriol-tronsi Aentol Hyg she if them 38 she if the	MEDICAL CER	21e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EX.	OF DEATH		.M. MONTH D	AY YEAR		IJURY OCCURR	ED (ENTER	NATURE OF INJU	RY IN 11EM 18 P	ART 1 OR PART 2)	
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ATTENE cospital ed for uss of the uss of the uss		22a. I certify that (I) (this saw the deceased all above, (I) (was (did) (c	ve on	NOU	28 108	6.0		(our) opinion d					couses stated
O HOSPITAL OR efound by the h TO FUNERAL DIR should be detoch with the Store Dey		Daniel  1200. PHYSICIAN'S NAME  DANIEL		,	solum		CAN	ATTENDING PHYSICIAN PO	Cor	RAPHYSICA ARCT		"/:	29/86
	23a E	BURIAL, CREMATION, REMO SPECIFY)	OVAL 23I	b DATE	230	NAME OF C	EMETERY OR	CDEMATORY	1234 100	"ATION	0.4.	COUNTY	OM O PSTATE AL
BP DHMH - 16 60M 7/B4 (VRA 15, 4)	24 FI		iancis	J. (	Collins	Jr.		25a DATE	REC'D. BY	registrar 1986	25b, REGIST	RAR'S SIGNAT	

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f moy be re. poge 3 ther deoth	3. SEX	OSA LYN	S. DATE OF BIRTH MONTH DAY YEAR	20. DATE OF DEATH MONTH  6. AGE (IN YEARS LAST BIRTHDAY)	2-86 235/PM  IF UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
rol directo	70. BIRTHPLACE (STATE OR FOREM New York	Th. CITIZEN OF WHAT COUNT U.S.A.	RY? 8 MARRIED   NEVER MARRIED	9. BALTIMORE CITY OR COUNT	Y OF DEATH
s ofter deo by the fune iled within	M CITY OR TOWN OF DEATH		RSING HOME OR OTHER INSTITUTION REET ADDRESS.	126 USUAL OCCUPATION (TYPE OF WORK EOR MOST OF WORKING HOUSewife	125 KIND OF BUSINESS OR
in 24 hour y filled in b should be f	13a. STATE 13b.	OME OR OTHER INSTITUTION, GIVE REVIDENCE BE COUNTY 13c. CITY OR T 10WTS AN CAU SILVET	OWN 13d INSIDE CITY LIMITS?  YES NO	130.STREET ADDRESS / ZIP COL 8338 NAVA	
cored with completel s 1 and 2 s	14. FATHER'S NAME FIRST Jacob  160. WAS DECEASED EVER IN U	Levi		WIDDLE	Lipschitz Md. 20832
te be exe icion and sers. Poge	NO NO OR UNKNOWN) (IF	yes, GIVE WAR OR DATES) 578–32-  nter only one couse per line for (o), (b)  LAUSED BY:	-6563 Rita Frank;D	aughter;19004 Ro	1ling Acres Way
The law requires that the death certion.  I has been signed by the ottending it permit. Then please remove carbon the prior to buriol, cremotion, or residence only injury, or other traumatic expension.	Conditions, if any, wh gove rise to immedic couse (a), stating underlying couse lo	DUE TO PLAS A CONSE  ANT CONDITIONS CONTRIBUTING  DIABETES	OUENCE OF ACCI	MINAL DISEASE OR CONDITION G  200 AUTOPSY?  IN CERT	28 DAY  28 DAY  NES INDES  IVEN IN PART 1 Id  ES, WERE FINDINGS USED IFYING CAUSES OF DEATH?  ES NO P
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TO HOS reformed to HOS should with the IMPORT	230. BURIAL, CREMATION, REM		3c. NAME OF CEMETERY OR CREMATORY	23d LOCATION SITY OF TOWN	
BP DHMH - 16 60M 7/84 (VRA 15, 4)	24 FUNERAL DIRECTOR DAN	11/4/86   J ZANSKY-GOLDBERG M Pike; Rockville,	Tudean Memorial Garde TEMORIAL CHPLS., INC. Md. 20852	TE DEGID DV BEZZIONO AD ALL DEGIG	omery; Maryland



2.	5 F :	32	NOV	2\$	FOR STATE REGISTRAR	DEPAI	RTMENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG	GIENE S S	5 2 4 8 4
					REGISTRAR		CEKITI	ICATE OF DEATH	REG. NO.	Harris Harris
			2		DECEASED NAME FIRST	WIDDLE		AST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	e	24		8	TYPE OR PRINT)	abath o	1	- ^ V	1). )	2-01- 1743
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08	xec	nd ges	# ]	2 10		VE WAR OR DATES)	CURITINO.	17. INFORMANT	ADDRESS	
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2	Z	of the os	ark ork	8	AT WORK AT WORK					
	2-	R: A	le ol	1	220.1 certify that (I) (this hospi	ital) attended the deceased from	1	19	to	19, that (I) (we) last
	ATTE	a Cip	of P	3	saw the deceased alive on above. (If (we) (did) (did no	0111111	11.01	nd that in (my) (our) opinion	death occurred on the date and ha	ur and from the couses stated
	× .	REC ed	To E	3	774-STON MURE	111 1 1 1 1	4	DEGREE		125 DATE SIGNED /
	O	9 D	0 = 0	1/2	Lynn	& Manuel	10	ATTENDING	MEDICAL STAFF	1/23/86
	TA!	RAL	\$ Z	4	700000	200		PHYSICIAN	DIRECTOR PHYSICIAN	11/03/00
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	0	sho Sho		1 00	BURIAL, CREMATION, REMOVAL	23b. DATE / 23	L NAME OF C	EMETERY OR CREMATORY	734 LOCATION	
		10	10		(SPECIFY)				CITY OF TOWN	COUNTY STATE
	В	3P	_ `	_	Burial	Nov. 26, 1986 R	ock Cre	ek Cemetery	Washington, D	. C.
	DHA	NH - 16 6	OM 7/84	24	FUNERAL DIRECTOR Fran	ncis J. Collins	, Jr.	250. DAT	E REC'D. BY DETUNE P 256 REGIS	TRAP'S SIGNATURS
		(VRA 15			500 University Bl			Md.	UV ZS	Managar Consider

Mitsking on C. C. 88A . X

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Siver spine for Choss totalist Scoretory Frais Flan.Co.

Charles I. Rica Inno Carlo

see the forms of the series Series, Id.

Consisted Distriction Silver Resist X 12:02 Little Con Strant 2006



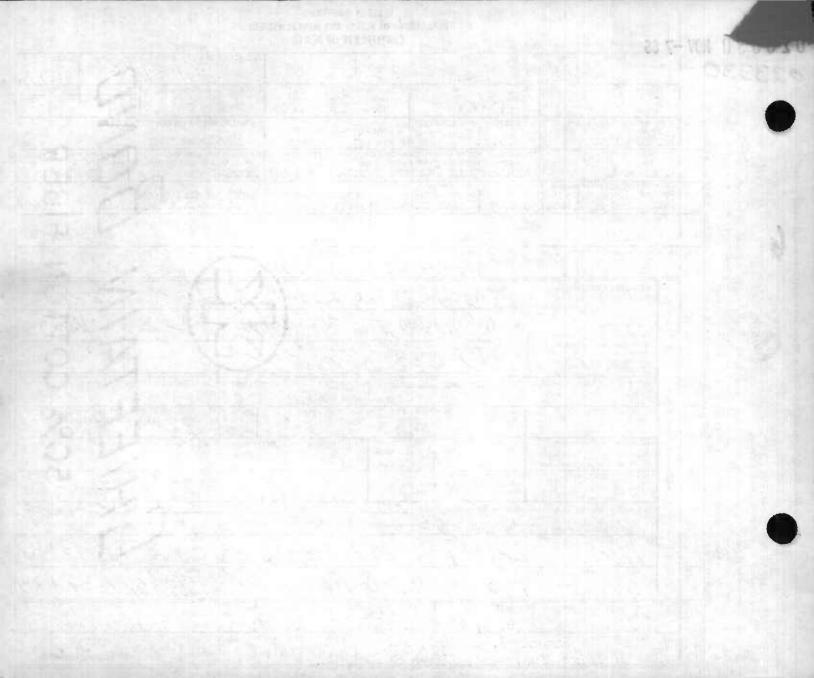
023330

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8

١	FOR  - STATE  - REGISTRAR			HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO.		
	1. DECEASED NAME PIRST	y	E. Fa	2 X	20. DATE OF DEATH MONTH	186	4:50 A.N
-	3. SEX FO MALL  7a. BIRTHPLACE (STATE OR FOREIGN)	PAUSA	VI AN Jan.	OF BIRTH 25 1890	96  9 BALTIMORE CITY OR COL	MONTHS DAYS	IF UNDER 24 HRS
)	Pennsylvania	U.S.A.	MARRI		Montgomery		MD.
)	10 CITY OR TOWN OF DEATH  Kensington	Kensing	ospital, nursing home facility, give street address) ton Gardens	Nursing Home	(TYPE OF WORK FOR MOST OF WORK Homemaker		eker .
7	- L	tgomery	Silver Sprin	138 INSIDE CITY LIMITS?	13 STREET ADDRESS / ZIP	code Stone Lane	20906
7	Daniel	MIDDLE	Boyle	Mary	MIDDLE	Boy	ile
	160 WAS DECEASED EVER IN U.S. AI (YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? VE WAR OR DATES!	204-18-8607	Sarah A. Sal	ghter ADDRESS Lamone same	e as #13	
	18 CAUSE OF DEATH lEnter a PART I. DEATH WAS CAUSI IMMEDIA  Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	nly ane cause per ED BY: ITE CAUSE (a) DUE TO DUE TO, OR	RAGONALE QUENCE OF	trachi fu	Miller Vanny Des	STORY THE	ATE INTERVAL USET AND DE ATH
2	PART 2 OTHER SIGNIFICANT  198 DATE OF OPERATION  The ACCIDENT WAS UNDERSTING	1	NTRIBUTING TO DEATH BUTTON FOR WHICH OPERATE	V	70: AUTOPSY7 20h	IF YES, WERE FINDING CAUSES C	35 USED OF DEATH?
2	W DIA ACCIDENT WAS UNDERSTOND OF CAUSE OF DE 16 ETHER NOTES WEDGEL EXAMINE AND	P.A.	A MONTH DAY YEAR	711 LOCATION	RED (Lette mattered in the in th	COUNTY	VAR .
	278 PHYSICIAN'S NAME (TYPE	ot view the bigdy		and that in (my) (or) apinion DEGREE ATTENDING PHYSICIAN The AUDRESS	death accurred an the date and medical precion principal accurred and the date and medical accurred and the date and medical accurred and medical accurred and the date and medical accurred and medical accurred and the date and medical accurred and medical accurred accurred and the date and medical accurred accurred and medical accurred accurred and medical accurred	22c DATES	
	230 BURIAL, CREMATION, REMOVA 85 PECIFY) Burial 24 FUNERAL DIRECTOR	Nov. 6	, 1986 St. Th	cemetery or crematory metery omas The Aposi 1750 DA	23d LOCATION CITYOR TOWN  LICCHESTER Heis TEREC'D. BY REGISTRANZSD. R		are Penn.
	500 University B		Collins, Jr. t. Silver Spr	NO.	V 6 1986	La Danden . K	and the same of th

DHMH - 16 60M 7/84 (VRA 15, 4)

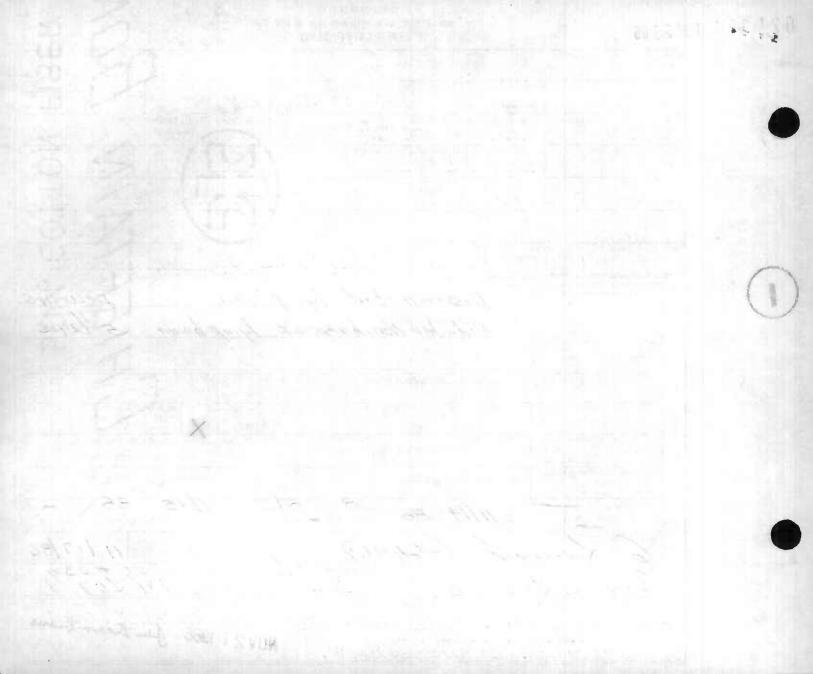


24068 NOV		FOR STATE CEGISTRAR		DEPARTM	CERTIFICATE	IND MENTAL HYG OF DEATH	IENE O O	0	4 5
	1. DE	CEASED NAME FIRST		MIDDLE	LAST		28 DATE OF DEATH		EAR 25. HOUR
2 88 6	-	·GRAC	F	H	TORE	ne cit	1	1 7 f	6 100
8 8	1. SE)		4 RACE		5 DATE OF BIRTH	DAY YEAR	AGE (IN YEARS LAST BIR		
1 4	Fo	emale	Caucasi	ian	July 2	76.	87	YRS.	OAYS HOURS MIN
1 1 7 7	7e Bl	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	MARRIED NE	VER MARRIED	BALTIMORE CITY	R COUNTY OF DEA	TH
	Vi	irainia	USA		WIDOWED	DNORCED [	Mant	aamehu	,
1 11-0//	10. CI	TY OR TOWN OF DEATH	11. NAME OF H	HOSPITAL, NURSING TH FACILITY, GIVE STREET A	G HOME OR OTHER (DDRESS)	INSTITUTION	12a USUAL OCCUPAT		IND OF BUSINESS C
11/17		ieverly	Prince	Georges (	General H	spital	Homemake		
P P P	13a S	AL RESIDENCE (IF NURSING HOM STATE 13b CC	E OR OTHER INSTITUTION, DUNTY	, GIVE RESIDENCE BEFORE .		IDE CITY LIMITS?	13e. STREET ADDRESS		
2 1 2		yland Mon	ntgomery	Wheaton	YES [		11302 Gal	t Avenue	20902
23.6	14. FA	THER'S NAME FIRST	MIDDLE	LAST	15. MO1	HER'S MAIDEN NAM	ME		LAST
D dw 780		William	Н.	Hennac		Minnie	В.		Collins
Poges I		VAS DECEASED EVER IN U.S. (ES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? GIVE WAR OR OATES)	166 SOCIAL SECUT	EITY NO. 17 INFO	DRMANT	ADDR	ESS 18320 Ga	urdenia Wa
	No			578-12-10	254 Wel	by French	Son Gait	hersburg	Md 2087
hysicial popers- laval		IB CAUSE OF DEATH (Enter PART I, DEATH WAS CAU	r only one couse per	line for (a), (b), and	licui	- (	.05	86	APPROXIMATE INTERVAL I WEEN ONSET AND DEA
g phys onpap removo			DIATE CAUSE (0)	MUTE	- RENT	2 FAIL	NKE		DITYS
ndin corb			DUE TO, OF	RASA COMPEQUE	NCE OF				DMI
deo offe offer roun		Conditions, if ony, which gove rise to immediate	( ib)	Me	MING	4			11/1
t the		couse (01, stoting the underlying couse lost.	DUE TO, OF	R AS A CONSEQUE	NCE OF				
that the			(c)			·			
quires signe fhen p to bury.	NO	PART 2 OTHER SIGNIFICAN	11 CONDITIONS CO	IN PATI	EATH BUT NOT REL	ATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PA	ART 1(0)
beer mit prior	CERTIFICATION	190 DATE OF OPERATION	1% CONDI	ITION FOR WHICH O	OPERATION WAS P	ERFORMED	200 AUTOPSY?	206. IF YES, WERE	
The k	Ē						YES NO	YES [	NO
Cote Cote Hygie	1 8	210. ACCIDENT WAS UNDERLYING			ZIC HC	W INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18, PART I OR PA	ART 2)
4 5 0 0 1 2	100	OR CONTRIBUTING CAUSE OF	DEATH HOUR A.	M. MONTH DA	TIEME				
iclan g phy g phy entific iol-fre intol h	18	(IF EITHER, NOTIFY MEDICAL EXAMIN	NER) P./	M.	19				
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	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMIN	21e. PLACE C		211 LO	TATION	CITY OR TO	WH COUN	TY STATE
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8 CERTIFICATE OF DEATH

024974 N	1/12	FOR STATE RECSTRAR		DEPART	STATE OF MA MENT OF HEALTH A CERTIFICATE	ND MENTAL HY		<b>O</b> 5. NO.	5 2	4 0 0
A.		CEASED NAME FIRST	MIDE		LAST		2a. DATE OF DEAT	H MONTH	DAY YEAR	26 HOUR
y be		Sara		1.	Frey		Novemb		1986	6:11 A. M
ge 4 mg	3. SE	* Female	Caucasio	ın	S. DATE OF BIRTH August 1	3 1932	6. AGE (IN YEARS LA	ST BIRTHDAY)	MONTHS DAYS	HOURS MIN.
leonn. Po		RRTHPLACE (STATE OR FOREIGN COUNTRY), LONGLA	U.S.A.	AT COUNTRY?	MARRIED X NE	VER MARRIED   DIVORCED	9. BALTIMORE CIT		Y OF DEATH	MD
by the free		ity or town of death	3503 Far	SPITAL, NURSIN ACILITY, GIVE STREET THUNG T	G HOME OR OTHER ADDRESS) Live	INSTITUTION	120 USUAL OCCUP (TYPE OF WORK FOR M. HOUS EWILD	OST OF WORKING LI	12b. KIND C INDUSTRY House	of Business OR
filled in could be in	13a	AL RESIDENCE (IF NURSING HOME STATE 13b, COL	or other institution gives 13 tgome/cy	e residence before c.CITY OR JOW Wheaton	ADMISSION) N 13d INS YES	IDE CITY LIMITS?	138 STREET ADDRE	ss / ZIP COD thing t	Frive	20902
ecuted within 24 and completely fille ges 1 and 2 should dicol examiner may		ATHER'S NAME FIRST  MILLIAND WAS DECEASED EVER IN U.S. A	MIDDLE Rebb RMED FORCES? 116	LAST Mahle B. SOCIAL SECU		HER'S MAIDEN NA FIRST.  Nora  DRMANT	ME Elai		Der	nham
exec Thoges			DUE THE DE CONTROL	253-46-4			rey, Jr. h	usband		
a styred on pope event, the		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA	only one couse per line SED BY: ATE CAUSE (o)	e for (o), (b), one	inated	/yent	homa		BFTWEEN	CW 948
by the attences remains to tremation.		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	(b) No	S A CONSEQUE S A CONSEQUE	Non-ho	regKin's	lymp	homa	5	1/24/18
equires t n signed Then ple to buria	NO	PART 2. OTHER SIGNIFICANT	CONDITIONS CON	TRIBUTING TO D	DEATH BUT NOT REL	ATED TO THE TERM	AINAL DISEASE OR C	ONDITION GIV	VEN IN PART 1	0
NG PHYSICIAN: The low requires that the ottending physicion. Her this certificate has been signed by the sorther premit. Then please in the and Mental Hygiene prior to burial, cre barked or them 48 staves any injury, or athe	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITIC	ON FOR WHICH	OPERATION WAS P	ERFORMED	200 AUTOPSY?	IN CERTI	S, WERE FINDING CAUSES	NGS USED S OF DEATH?
SICIAN: T ng physici certificate urial-tronsi entol Hygi		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN	EATH HOUR A.M.		YEAR	W INJURY OCCUR	RED (ENTER NATURE OF	INJURY IN ITEM 18	PART I OR PART 2}	
offendin offendin ter this os the bu h and Me	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF (AT HOME, STREET,	INJURY FACTORY, OFFICE, F.	ARM, ETC )	ATION STREET	CITY C	DR TOWN	COUNTY	STATE
TENDI or use or use of Heali		22a.1 certify that (1) (this has sow the deceased alive a above, (1) (world 114) (did in	n	114 10	6 ond that in	(my) ( ) opinion	, to	15, ie dote ond hoi	1986, ur and tram the	that (I) ( lost causes stated
AL OR ALL y the hosp (AL DIREC detached for one Dept. on II. If them (ALL)		22b. SIGNATURE	wast	62	DEGREE MIS	ATTENDING PHYSICIAN	MEDICAL DIRECTOR PH	STAFF YSICIAN [	22c. DATE	117/86
TO HOSPITAL retained by the TO FUNERAL I should be deto with the State I IMPORTANT: IIMPORTANT: IIMPORTANTT: IIMPORTANT: IIMPO		22d. PHYSICIAN'S NAME (TYPE	GOCD 1	20	22e AD		Sprin	g m	120	230
BP	23a	BURIAL, CREMATION, REMOVA (SPECIFY) WILCL	1 236. DATE NOV .19		IAME OF CEMETERY		East Po	int Ful	cton C	Becorgia.
DHMH - 16 60M 7/84 (VRA 15, 4)		UNERAL DIRECTOR Fran 10 University B	cis J. col	lins, J	<b>た</b> .	25a. DAT	1005 3, 1 = 10	8625b. Ryul	MARY SIGNAT	URE



3 1 9 NOV	1-7	85	FOR STATE REGISTRAR	DEPA		HEALTH AND E		REG. NO.	U 2.	··· 0 7
			CEASED NAME FIRST	MIDDLE		LAST		20. DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
noy be	1		Kathe			ardner		November	1, 1986	8:45P.M.
fer p	10	3. SE		4 RACE		OF BIRTH	WE A D	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	
oge 4			emale	Caucasian	April	l 6"	1936	50 YR	s	HOURS MIN,
h. Po	ė,		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8.	D NEVER	MARRIED -	9. BALTIMORE CITY OR COU	NTY OF DEATH	
leot in 7	20		Minnesota	II.S A	WIDOW		VORCED W	Montgomery		MD.
er o	ped		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU			TITUTION	120 USUAL OCCUPATION	12b. KIND	OF BUSINESS OR
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filled in	To the second	13a.			EFORE ADMISSIONI TOWN	13d. INSIDE C	ITY LIMITS?	13e STREET ADDRESS / ZIP CO	ode nt Ct.	20906
within etely 3.2 sh	aine	14. F/	ATHER'S NAME FIRST	MIDDLE LAST		15. MOTHER'S	S MAIDEN NA			451
P / 24/	82/		John	K. Rossko	has	Mil	drod		Bart	eltt
Co Basil	ico				ECURITY NO.	17 INFORMA	ndaugh	ter 9P05ssCe	nterway	Road
4,5	med		no no	465-50	-8647	Kimber	ly Ann	Gardner Gaith	ersburg.	Md. 20879
ote Sic ol.	th.		18 CAUSE OF DEATH (Enter	only one couse per line for (o), (b)		,	_			XIMATE INTERVAL
phy n pon	ven		PART I. DEATH WAS CAU	ISED BY:  IATE CAUSE (0) Mees	asta	tie	Cavo	- inoma	6	morali
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low r	No 47	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATIO	N WAS PERFO	RMED		YES, WERE FIND	
The ion.	3	ZT IF						YES NOTO	YES [	NO [
	80	Ü	210. ACCIDENT WAS UNDERLYING	DEATH HOUR A.M. MONTH	DAY YEAR	21c HOW IN	JURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)	
ICIA 9 pl ertifi iol-ti	EM	AL	OR CONTRIBUTING CAUSE OF D	DEATH	19					
HYS ndin bur bur	20	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATIO	NC	CITY OR TOWN	COUNTY	
er the	Ne o	×	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFF	ICE, FARM, ETC )	STREET	,	CITY OR TOWN	COUNTY	STATE
Aft of the	E O			spital) attended the deceased fro	· /	pril	10 86	5 . 1111	10.86	about the state of
Spirol CTOR: d for us	5		sow the deceased plive of	11/21	are I	nd that in (my)	/ Opinion	death occurred on the date and	have and from the	, that (I) (we) lost
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Och och	=		THE STOTAGE ORC	11101	M	GREE	TTENDING .	MEDICAL STAFF	THE DATE	ESIGNED
TAL y th y th det det	<u></u>		O Mu	recept of	/ -/		PHYSICIAN	DIRECTOR PHYSICIAN	011	14/85
O HOSPI	MPORTA		G - LENNI	ARD Gold		SG SG	30 7	Tenton St. S	Silver Sp	sing Mid
5 to 5 to 3 :	>	23a. E	BURIAL, CREMATION, REMOVA	AL 236 DATE	30 NAME OF	EMETERY OR C	REMATORY	23d LOCATION	5	10910
BP		B	itial	Nov. 5, 1986	Md. Nat	ional N	<i>lemoria</i>	el Laurel Prince	Georges	Marulano
DHMH - 16 60M 7	7/R4	24. FI	UNERAL DIRECTOR Fra	ncis J. Collins	, Jr.		25a. DAT	TE REC'D. BY REGISTRAR 25,6. REC	ISTRAR'S SIGNA	TURE
(VRA 15, 4)		50		Blud. West, Silv		na. Md.	MC	N/6 1986 Au	ia Divider	Kindall
						1.101	191	10 0		

3967 N	ov I	FOR STATE			DEPART	STATE OF MA MENT OF HEALTH A CERTIFICATE (	ND MENTAL HY	GIENE 8 6	<b>3</b>	£ 200.	
00011	. 1	DECESSED NAME	FIRST	MIC	DDLE	LAST		20 DATE OF DEATH		AY YEAR	2b. HOUR
ge 4 moy be ector, page 3		R PRINT)	A	lice Gelzer			Novembe	er 11,	1986	3:07	
		SEX		4. RACE  White  5. Date of Birth  MONTH  3/22/03  7b. CITIZEN OF WHAT COUNTRY?  MARRIED   NEVER MARRIED   MONTH    WIDOWED   DIMORCED		6. AGE (IN YEARS LAST BI	RTHDAY)	F UNDER 1 YEAR	IF UNDER 24 H		
		Female				3/22/03 YEAR		83 YRS. MONTHS DAYS HOL			HOURS M
eoth. Po nerol dir h 72 hou	35	76. BIRTHPLACE (STATE ORFOREIGN COUNTRY) Maryland				MARRIED   NEVER MARRIED		RALTIMORE CITY OF COUNTY OF DEATH			
y the fu	29	Olney	DEATH	11. NAME OF HO	SPITAL, NURSIN	NG HOME OR OTHER ADDRESS) Seneral F		12a USUAL OCCUPAT (TYPE OF WORK FOR MOST Supervi	OF WORKING LIFE)	12b. KIND OF INDUSTRY  Laun	
24 hours	16	USUAL RESIDENCE (IF 130. STATE Maryland	NURSING HOME OF	OTHER INSTITUTION, GI		E ADMISSION) /N 13d. INSI	DE CITY LIMITS?	13. STREET ADDRESS 2049 LOT		21	771
mpletely ond 2 sh	3	Freder:	ick	MIDDLE	elzer	15. MOT	HER'S MAIDEN NA	MIDDLE		Madde	n
e execute n and ca Pages 1	11/10	17ES, NO OR UNKNOWN	VER IN U.S. AR	E WAR OR DATES!	216-03	JRITY NO. 17 INFO		well		tem 13	
ires that the death certifigures by the arrest control of the arre		No. of the	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  PUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE								HR.
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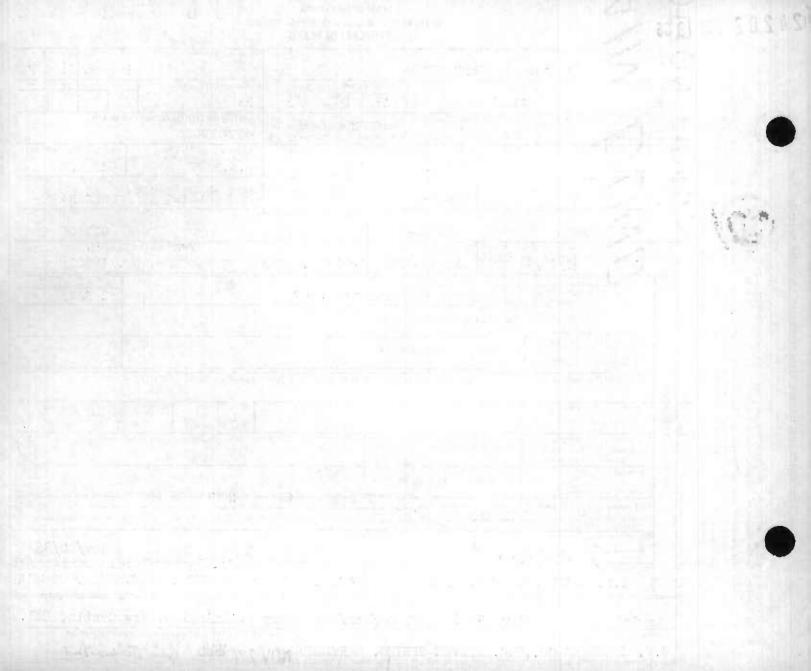
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	I D	ECEASED NAME FIRST Thomas	A Gerr	ast i t.v		NTH DAY YEAR 26. HOUR				
may be page 3	3. SI		RACE S DATE O		6 AGE (IN YEARS LAST BIRTHDA					
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TAL OR A STAL DIRE HO RAL DIRE defoched frote Dept	/	The SIGNATURE OF			MEDICAL STAFF DIRECTOR   PHYSICIAN	22c. DATE SIGNED  W/4/86				
TO HOSPITAL TO FUNERAL should be day with the Sorte with the MADORTANT:		Allan B. Coh	an MD, PA		Ave. Silv	er Spring, Md.				
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(VR A 15 (4))	500 University Blvd. West, Silver Spring, Md.									



4	STATE OF MARYLAND  POR STATE STATE REGISTRAR  STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH  REG. NO.	2 4 9 3
0 2 3 2 0 7 NOV -		YEAR 26 HOUR  86 12:56
soft Page 4	76. BIRTHPLACE ISTATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED NEVER MARRIED MONTH OF MO	DEATH
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be execute in ord con-	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO. 17 INFORMANT 1220 ABDREATR MILLI (YES. NO OR UNKNOWN) (IF YES. GIVE WAR OR DATES) 26548 4668 SHIRLEY LEVY, SILVER SPRING,	L ROAD MARYLAND
RDS, 201 W. PRESTON ST., Equires that the death certification is agreed by the attending the Then please remove carbon to burial, cremation, or temorialized.	18 CAUSE OF DEATH lEnter only one cause per line for (a), (b), and (c). 1 PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last  DUE TO, OR AS A CONSEQUENCE OF  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN I	APPROXIMATE INTERVAL  BETWEEN ONSET AND DEATH
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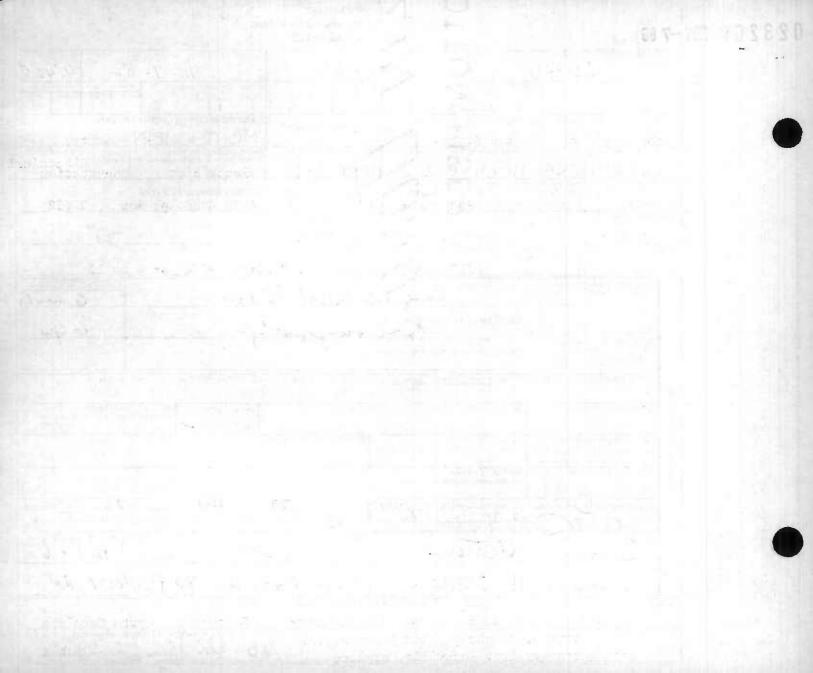
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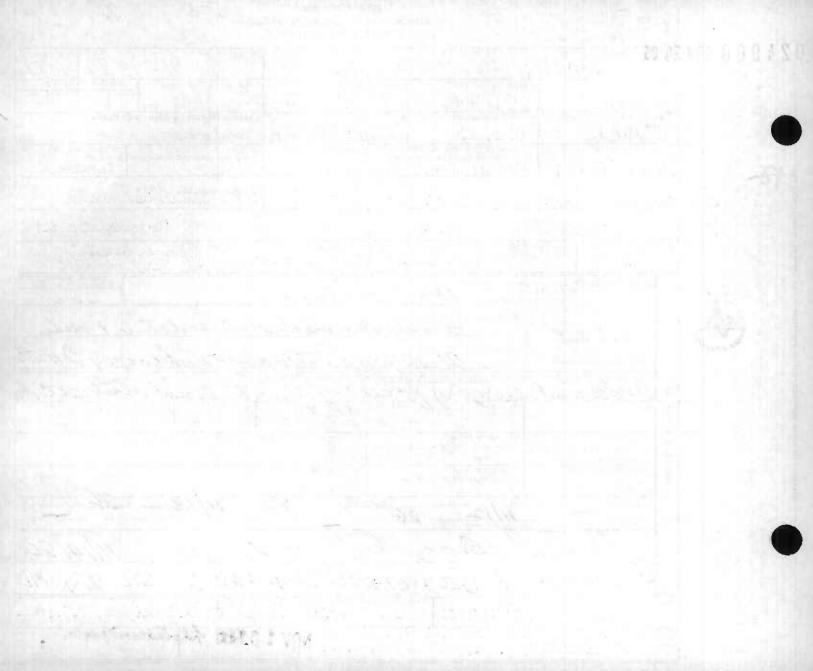
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		1-	FOR STATE REGISTRAR			HEALTH AND MENTAL HYC FICATE OF DEATH			1
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er de Inhin	-	10 CI	Y OR TOWN OF DEATH	11. NAME OF HOSPI	WIDOW TAL, NURSING HOME	OR OTHER INSTITUTION	12a USUAL OCCUPATI	ION 126, KIND C	MD.  PF BUSINESS OR
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n sign Then to bu		NO	PART 2. OTHER SIGNIFICANT	ALIHEO.	MING TO DEATH BU	Planed to the term	AINAL DISEASE OR CON	DITION GIVEN IN PART 1	met.
he law r on. hos bee it permit.	2	TIFICATION	9a DATE OF OPERATION	196 CONDITION	FOR WEICH OPERATIO	ON WAS PERFORMED	20a AUTOPSY? YES NOW X	20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES []	NGS USED OF DEATH?
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G PH ottend ord / ked o		ME	WHILE NOT WHILE AT WORK		TORY, OFFICE, FARM, ETC.)	STREET	CITY OR TO	WN COUNTY	STATE
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ATTER Sprito SCTOI d for L. of H.				t wew the body after o	leath.	nd that in (my) (our) opinion	death occurred on the de	ate and hour and from the	couses stated
the hor DIRE			THE SIGNATURE	el ola	un M	DEGREE	MEDICAL STAF	FF 22c DATE	SIGNED
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TO HOSPITA etained by TO FUNERA should be de with the Sto			KICHARD	Va Da	Z GNEYA	04323HAU	MARD ST	516,51	9. MD
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A section of the sect	17	emale	Whit		S. DATE OF E	DAY YEAR	6 AGE (IN YEARS LAST BIRTHD)	YRS.	DAYS HOURS MIN.
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201 W. PREST in that the deal ed by the other please remove incl. cremation		Conditions, if any, which gave rise to immediate course (a), stating the underlying cause list.	(c)_	DR AS A CONSEQUE	ENCE OF	ancer	/ Liver m		& months
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SPITAL OR NERAL DIRECTOR DESTRUCTION OF STATE OF		17h PHYSICIAN'S NAME ITHE	Lever			Re ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN		DATE SIGNED
To Florida Sensitivity of the sense of the s	734	Heter Shey	1 23b. DATE	MY)	NAME OF CEM	3947 Fey	rara Ur.	When	aton md
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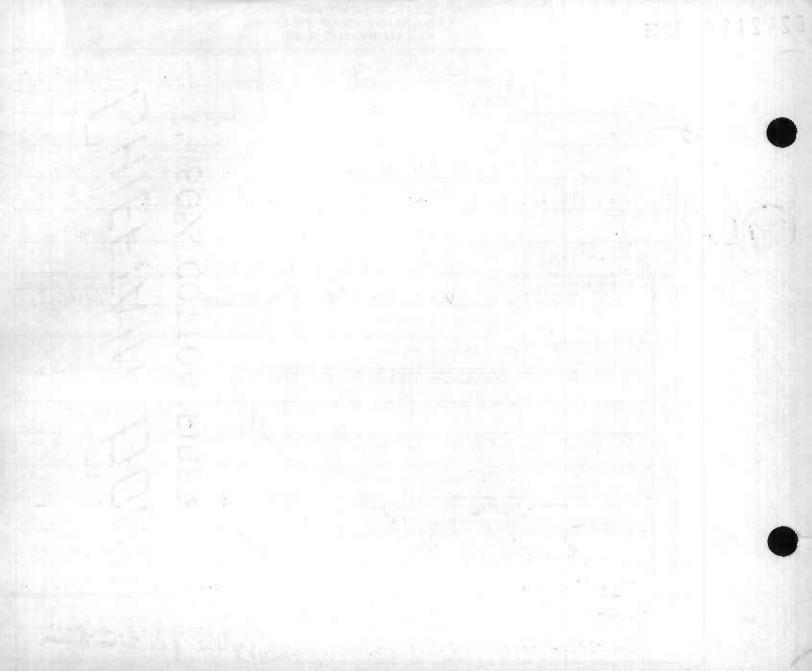
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bod si de	3. SE:	(		4. RACE		5. DATE C			6 AGE (IN	YEARS LAST BIRTH	(DAY) IF	UNDER 1 YEAR	IF UNDER 24 HRS
s ofte	Fe	emale		Whit	e	May		1908		78	YRS.	DAYS	HOURS MIN.
Pog dire	7a BI	RTHPLACE (STATE OR F	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	NEVER	MARRIED -	9. BALTIM	ORE CITY OF	COUNTY	OF DEATH	
nerol na 72	Ne	Jersey		USA		WIDOWE		ONORCED S		gomery		الحالة	MD.
s ofter d	10. C	ty or town of dea 01ney	ATH	11. NAME OF 1	HOSPITAL, NURSIN HEACILITY, GIVE STREET / Old Baltin	GHOME C ADDRESS) Nore I	ROTHER IN	STITUTION	(TYPE OF WO	OCCUPATION OF THE STATE OF THE	WORKING LIFE)		home
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L Poper	160 \	VAS DECEASED EVER	IN U.S. AR	MED FORCES? (E WAR OR DATES)	166. SOCIAL SECU 041–30–86		17. INFORM	ran (San	ne as	13E)	Son		IMATE INTERVAL ONSET AND DEATH
DS; 201 W. PRESTON ST., quires, that the death certifi- signed by the attending ph has pleate remove carbonic to buriol, cremation, or remo quiry, at other froumatic ever	NOI	Canditians, if any, gove rise to imr cause (a), statir underlying cause	, which mediate ag the last.	DUE TO, O  DUE TO, O  DUE TO, O  (c)	R AS A CONSEQUE	NCE OF		M. EMP		0	DITION GIVE		onice o
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WISION Offered Offered A single by A sound N	MED	21d. INJURY OCCUR	our 17	(AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC )	STRE	ET @/	,	CITY OR TOV	VΝ	COUNTY	STATE
R ATTENDI hospital or RECTOR, a hed-for use and of Heal		22s.1 certify that (I) saw the decease above, (I) White 22s. SIGNATURE	ed alive on	to your he body	deceased from	-	d that in (m	y) (aur) opinian	1	1	700		
by the by the State District of State District o		224 PHYSICIANES N	Kosus	& Nov	ley Mr	(	22e ADDR	ATTENDING PHYSICIAN [	MEDICAL			NOVI	4, 1989
O HOS mained O FUN hould b		Thomas <sup>E</sup> .					1	)4 Georg			ite 30	04 01r	ney, Md.
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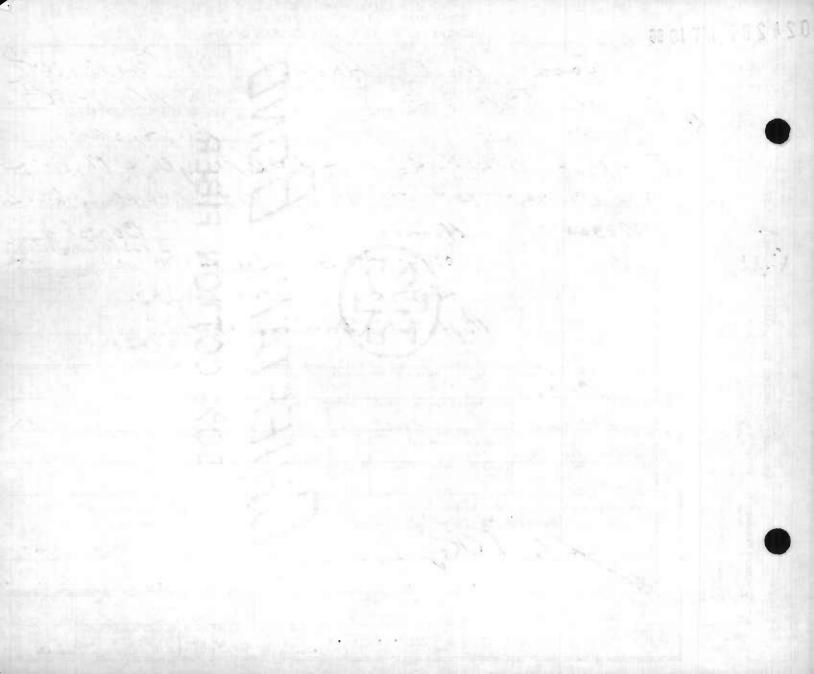


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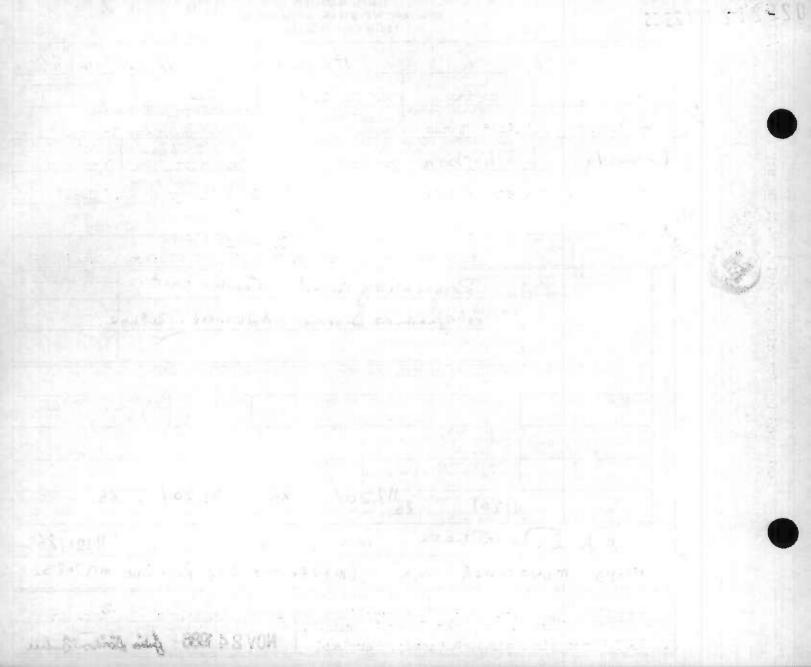
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023270 NOV	-7	GISTRAR			CEKIII	ICATE OF DEATH	REG. NO.		
		CEASED NAME FIRST		MIDDLE	10	AST	20. DATE OF DEATH MO	NTH DAY YEAR	26 HOUR
Doge 3			NE	W.	TIE	ENVILLE	//	1-2-86	1.494 M
	3. SE	Х	4 RACE		5. DATE (	OF BIRTH	6. AGE   IN YEARS LAST BIRTHDA		HOURS MIN.
rector urs off		Female	Cauca			st 5, 1900	86	YRS.	MIN.
h. Pool	7a. B	IRTHPLACE (STATE OR FOREIGN COUNTRY)		WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9. BALTIMORE CITY OR C	OUNTY OF DEATH	
deot deot	- 40	Missouri		States	WIDOW		Montgomer	y County,	MD.
the first	10. C	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME (	OR OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	ORKING LIFET INDUSTRY	BUSINESS OR County
- >0 /0//		ilver Spring		ross Hosp			Med. Soc. Wo	rker & Stat	e Gov't
D 21:	USU 13a.	AL RESIDENCE (IF NURSING HOME OR I	OTHER INSTITUTION	13c. CITY OR TOW		13d INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZI	P CODE	
AND 24	M	aryland Monts	gomery	Kensingt		YES NOX	2902 Peregoy		95
RYLL worthing worthing worthing and 2.2 sp	H F	ATHER'S NAME	WIDDIE	LAST	W 1.15	15. MOTHER'S MAIDEN NA			
BALTIMORE, MARYLAND 2120 cote be executed within 24 hours ysicion and completely filled in b ppers. Pages 1 and 2 should be fill yol. it, we medical examiner manage	V	Henry		Walker		Honorah	MADDLE	Burns	
MORE,		WAS DECEASED EVER IN U.S. ARA	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT (SC	on) ADDRESS		
be exect on ond or. Poges		No		579 48 9	715	William T. Gr	reenville San	ne as #13.	
L', BALTII		18 CAUSE OF DEATH (Enter onl	y one couse pe	er line for (o), (be, one	diet .	1	1	APPROXIM BETWEEN OF	ATE INTERVAL
		PART I. DEATH WAS CAUSED IMMEDIATI	E CAUSE (o)_	Can	dead	c Arrest			
ON S nding corbo	188		DUE TO.	OR AS A CONSEQUE	NCE OF	1 . 1	1 /2 .	,	
RESTON ce death ce nove corb ortion, or r		Conditions, if ony, which	( (b)_	(	an a	Lac ATT	Mythrea		
W. PRESTON ST.  If the death certify ty the ottending p ty the ctemore corbons cremation, or rem ther troumatic eve		gove rise to immediate couse (a), stating the	DUE TO	OR AS A CONSEQUE	NCE OF	A .	0	Ogen Total	ALEED IN
		underlying couse lost.	(c)_		Con	way At	en polar	e	
S, 201 gred the plea buriel.	7	PART 2 OTHER SIGNIFICANT C	ONDITIONS (	CONTRIBUTING TO	EATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITI	ON GIVEN IN PART 110	
DIVISION OF VITAL RECORDS, NG PHYSICIAN. The fow require offer this certificate has been jug as the buriel fromth germit. Then th and Mental Hygiene grior to be onedog from 18 sticks only injury	CERTIFICATION								
SECO SECO	OA	19a DATE OF OPERATION	196 CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20	Db. IF YES, WERE FINDING CERTIFYING CAUSES O	S USED OF DEATH?
A NO STATE OF	E			_			YES NO	YES 🗌	NO 🗌
V 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		OF INJURY A.M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART I OR PART 2)	
0 0 0 0	S	(IF EITHER, NOTIFY MEDICAL EXAMINER)		P.M.	19				
101S	MEDICAL	214 INJURY OCCURRED		E OF INJURY TREET, FACTORY, OFFICE, F.	ARM. ETC )	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
NO 04 1111	1	AT WORK NOT WHILE AT WORK							
Z = 4 1 2 E		22a I certify that (I) (this hospit			11.	19_7	6.10 11-2		nat (I) (we) last
2 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		sow the deceased alive on above, (1) (4e) (did) (did not	) view the bod	y ofter death.			death occurred on the date	and hour and from the co	ouses stated
0 + 0 + 0 + 0 + 0 + 0 + 0 + 0 + 0 + 0 +		The SIGNATURE	VY	/		DEGREE	- MEDICAL STAFF	22c DATE SI	
3 2 3 5 2 3 1		peoun /	1 /ca	inan			MEDICAL STAFF DIRECTOR PHYSICIAN	10 //-	5-86
HOSPITAL need by if		228 PAYSICIAN'S NAME (TYPE OF	PRINT	11 - 10	. /	22e ADDRESS	C	C1. C	2
01 02 3		TEVEN	1.16	AUFMA	N		eneron St.	silver spara	10910
E 5 P = 3 E		BURIAL, CREMATION, REMOVAL	23b. DATE	23c. N	IAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE
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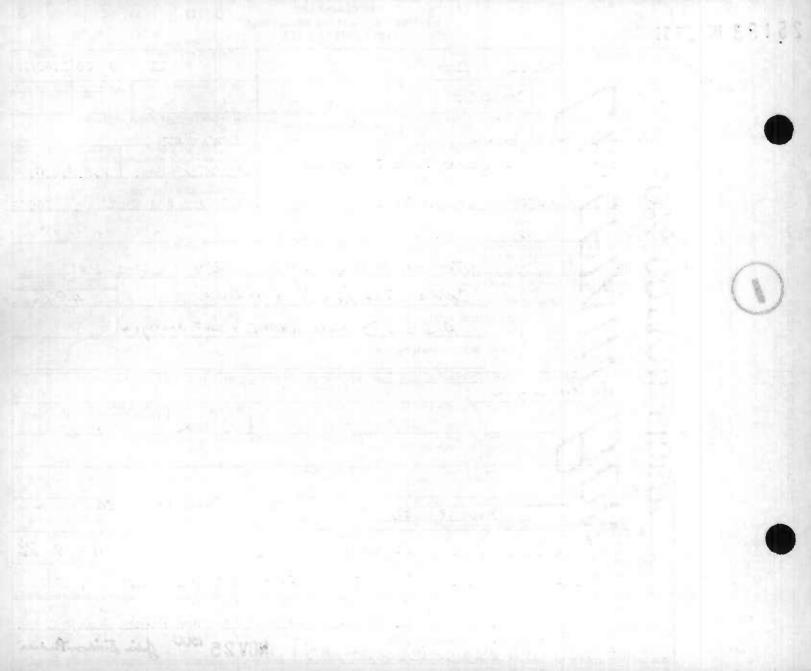
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024207 NOV 1	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
	LUECEASED NAME FIRST MIDDLE LAST 20. DATE KNOWN DOMONTH D	AY YEAR 26 HOUR
W W	(TYPE OR PRINT)  SAAD  PAUL  HADDAD  OF ESTI- DEATH MATED	- Nulle
8888	100.10	19 06 MM
20.25	4 RACE S DATE OF BIRTH MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED	2570
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FEES AND	Managahusatta IICA	
7 7 10 3	7 . 10 . 10	KIND OF BUSINESS
AY IS I THE FI AGE 5 201 W	10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 USUAL OCCUPATION (TYPE OF WORK 126) 126 FOR MOST OF WORKING LIFEL	OR INDUSTRY
50-20	det Park 6/25 ha Advent to A Mary Dunty V	145/Eix
- Leson	USUAL RESIDENCE (IF IN NURSING NOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  130. STATE  130. STREET ADDRESS  130. STREET ADDRESS	11183
2120 AND AND AND ADUL	Md Krinice George Hogetts VILLAYES NO 17 40/1 New Hom	S. P.
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1 3 35 2 3 3	(YES, NO, ORUNNOWN) IFYES, GIVE WAR OR DATES! N/A  O34 10 4346 Nas - 2 N Bas C 2 d 2 614 1 121/	In Soul
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	18 CAUSE OF DEATH (Enter only ane cause per line for (a), (b), and (c).)	APPROMINATE INTERVAL
# 0-033	PART I DEATH WAS CAUSED BY:	BETWEEN ONSET AND BEATH
\$ 2500000	IMMEDIATE CAUSE (a) 1770 C 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
AZAPER E	Conditions, if any, which	
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M 2=M=00	(c)	
EXECT NG.	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
RECORDS.  LD BE EXEC PENDING: PENDING PENDING O AS A BUI FEALTH AN CREMATI		
RECO D BE I PENDI MEDI A S A REALTH	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?  216. EXTERNAL CAUSE WAS 216. TIME OF INJURY HOURS AM MONTH DAY YEAR 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)	0 AUTOPSY?
VITAL RESPONDE CHEF A C	19 0 -	AUTOFST
F VITA WORD WE CHILLS	1 / l'one	YES LI NO DO
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DIVISION OF HIS CERTIFICATE WRITING THE W ARDED TO THE GGE 3 SHOULD IT DEPRIMEN (201) PRIOR TO B	UNDERLYING ON ONTRIBUTING CAUSE OF DEATH P.M. 19  216. INJURY OCCURRED 216. PLACE OF INJURY (ATHOME, 21f. LOCATION STREET CITY OR TOWN COUNTY WHILE NOT WHILE STREET, FACTORY, FARM, ETC.)	
S S C REIT	WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY	STATE
BIVISION OF VITAL  THIS CERTIFICATE SHOU)  E. WRITING THE WORD  E. WARARDED TO THE CHIEF  F. PAGE 3 SHOULD BE USE  STATE DEPARTMENT OF H  9, 21201[PRIOR TO BERIAL		
SE S	22e I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry . Inquiry . and in my opinio	n
EXAMINER: CERTIFICATI UILD BE POR UILD BE FOR I, WITH THE: MARYLAND,	death resulted from: Majural causes Accident , Suicide , Hamicide , Undetermined manner ,	
EXA CERT UID I UID I WARN	TIŢLE (SPECIFY)	
A, A	ACTUAL DATE AV	15/301
2 H H H H H H H H H H H H H H H H H H H	SIGNATURE M.D. MEDICAL EXAMINER SIGNED C	
N S S S S S S S S S S S S S S S S S S S	John S. Rogers, DME ADDRESS 1919 Seminary Road, Silver	Spring, Md.
TO MEDICAL EXC EXECUTE THE CER PAGE 4 SHOULD TO FUNEAL DIS AFTER DEATH, W BALLIMORE, MAR		opi ing, na
FW0.F40	230. BORIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY	STATE
07/84 BP	Burial   11-19-1986   Hope Cemetery   Worcester	MA
25M DHMH - 17	Hines/Rinaldi Funeral Home Silver Spring, Md.   250 DATE REC'D. BY REGISTRAR'S SIGN	ATURE
(VR A15 ME (5))	Hines/Rinaldi Funeral Home Silver Spring, Md. NOV 1 1986	Dalass
	THE PARTY OF THE P	- Kanan



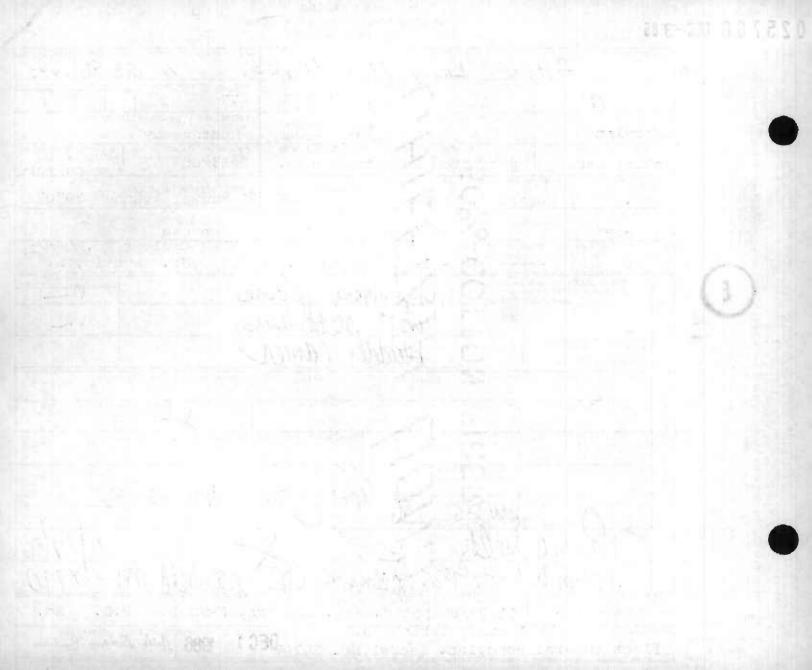
212 NOV 2	518	FOR STATE REGISTRAR		DEPARTA	NENT OF H	OF MARYLAND EALTH AND MENTAL HYC ICATE OF DEATH	GIENE 8 6	3	2 5	0 2
		CEASED NAME FIRST		AIDOLE	L.	AST //		MONTH OA	Y YEAR	26 HOUR_
moy be	LIVE	E OR PRINT) ANN	A	R		HAENNI	1	11-20	2-86	8 Fm M
• pod .	3. SE		4. RACE	-	5. DATE C	FBIRTH	6. AGE (IN YEARS LAST BIR	THDAY) II		IF UNDER 24 HRS
oge 4 urs off	L	Female	Caucas		JULY	12, 1902 YEAR	84	YRS.		HOURS MIN.
Podi di	4	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF V	WHAT COUNTRY?	8 MARRIEI	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY C	OF DEATH	
deof		New Jersey	United		WIDOWE				County	MD.
y the f		ethesda	SNOT N SUCH	OSPITAL, NURSIN H FAGILITY, GIVE STREET	G HOME O ADDRESS) Hosdi	R OTHER INSTITUTION	120. USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR MOST OF			BUSINESS OR
hours of in by the file	Usu	AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION,	GIVE RESIDENCE BEFORE	AOMISSION)			•	I OWIL HO	ome
Seelld the	Ma			13c. CITY OR TOWN Bethesda	N	13d. INSIDE CITY LIMITS?	7907 Glenba		1./ 208	14
Lately 2 selly	14. F	ATHER'S NAME FIRST	WIDOLE	LAST		15. MOTHER'S MAIDEN NA	WE		LAST	
pa du d		George	Rol	bbins		Ida			Vaughn	
dicol		WAS DECEASED EVER IN U.S. A	ARMED FORCES?	166. SOCIAL SECU	RITY NO.	17. INFORMANT (Hus	sband) ADDRE	SS		
a de la companya de l		No	one was on oures,	578 46 0	994	Edward O. Hae	enni 7907 G1	Lenbroo	k Road	/20814
es that the death or ned by the attending please remove car urial cremation, or or other traumati		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICAN	(b) C DUE TO, OR	A A CONSEQUE	NCE OF		dvanced.			
ow requires the been signe trait. Then p prior to but ony injury.	CERTIFICATION	198 DATE OF OPERATION				N WAS PERFORMED	200 AUTOPSY?	20b. IF YES,	WERE FINDING	GS USED
- 0000	E	Carlotte Control					YES NOT	IN CERTIFY YES	ING CAUSES C	OF DEATH?
a physicion in included in inc		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E	EATH HOUR A.A	A. MONTH DA		21c HOW INJURY OCCUR		RY IN ITEM 18 PAR	RT I OR PART 2)	
ding photosis certification of Item	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINATED)	P.A. PLACE C		19	211 LOCATION				
the the ond ond sed	ME	WHILE NOT WHILE AT WORK		EET, FACTORY, OFFICE, FA	ARM, ETC )	STREET	CITY OR TO	WN	COUNTY	STATE
After S After S After S Morl		220.1 certify that (I) (this has	pital) attended the	deceased from	11/-	1086	10 11 20	1 10	86 1	ot (I) (we) lost
TOP TOP H		sow the deceased alive a above, (1) (we) (did) (did	n_11/201	19 8	6, on	d that in (my) (our) opinion	death occurred on the de	ote and hour	and from the co	ouses stoted
OR A DIRECTOCKED OCKED DEPT.		22b. SIGNATURE	Tomas			DEGREE	MEDICAL STAL	FF	22c. DATE S	IGNED 1 C/
RAL Stote		22d. PHYSICIAN'S NAME (TYP	, -		,		MEDICAL STAI DIRECTOR PHYSIC		11/21	100-
TO FUNERAL IS should be deto with the Store I		I L L . ·	NTAKHA	B, m. 7	<b>)</b> .	6/11 EX Ecution	re Blud Ro	ckille	WD SO	5852,
O a o d w X		BURIAL, CREMATION, REMOVA	L 23b. DATE	23c. N	IAME OF C	METERY OR CREMATORY	23d. LOCATION		COUNTY	STATE
BP		Cremation	Nov. 24	4,1986 Me	tropo	litan Cremato	ry Alexandr	ia	Virgin	nia
PHMH - 16 60M 7/84	24 F	UNERAL DIRECTOR Rober	t A. Pum	phrey Fun	eral	Homes, P. 250. DAT	E REC'D. BY REGISTRAR	256. REGISTRA	AR'S SIGNATUL	RE
(VRA 15, 4)	A	7557 Wisconsi	n Avenue.	Bethesd	a. Ma	rvland N	OV 24 1986	Julia	Donders.	Pandace



51	3 3 NOV 25	85-	FOR STATE REGISTRAR			DEPART	MENT OF H	EALTH AND I	MENTAL HYG	IENE B D	10.	5 4	.)	0 3
			CEASED NAME	FIRST		WIDDLE	l	AST		20. DATE OF DEATH	MONTH			26 HOUR
	A Per			Dwig	ght	Elmo		Hahn			11	19		1:45AM
	ectory po	3. SE Ma	x ile		Caucas.	ian	5. DATE O		1905	6. AGE (IN YEARS LAST B	rthday) YRS	MONTHS	DAYS	HOURS MIN.
	Po Po Po		IRTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	NEVER !	MARRIED -	9 BALTIMORE CITY	OR COUN	TY OF DEA	HTH	LL
		Mo	aryland		U.S.A	•	WIDOWE	D DI	NORCED	Montgome				MD.
-	by the f	10 C	Olney	TH	11. NAME OF Montg	12a USUAL OCCUPA (TYPE OF WORK FOR MOST Electrica	OF WORKING	LIFE) INDU	JSTRY	BUSINESS OR				
BALTIMORE, MARYLAND 2120	filled in	13a. S	al residence (# nurs state ryland	136 COUN		13c. CITY OR TOW Silver S	VN 13d INSIDE CITY LIMITS?			130 STREET ADDRESS	/ ZIP CO	DE		20906
KYL!	thing stell	14 F/	ATHER'S NAME		WIDDLE	LAST			S MAIDEN NA	WE			LACY	
MA	b alpha a	5	John		1.	Hahn		Me	irtle	MIDDLE			Coff	Selt
RE,	dicol dicol		WAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	IRITY NO.	17 INFORMA	ANT	ADDI	RESS			
I WO	The second		no	(18 163, 014)	WAR OR DATES	577-09-3	053	Ruth S	. Hahn	wife	50	ame a	5 #1	3
MALT	1 1 E E		18 CAUSE OF DEAT	H (Enter onl	ly one couse pe	r line for (a), (b), ar	dicini ,	/	11	' 0				AATE INTERVAL
	A de la		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Congustive heart failure  48 M											
N N	olic e di					OR AS A CONSEQU	ENCE OF	- ,	. 0	,				
ESTO	deat ove c han,		Conditions, if any,		(b)_	ASC	VL	with	ald m.	I x vent, a	neury	m		
	the tremo	-	gove rise to imm cause (a), statin	g the	DUE TO, OR AS A CONSEQUENCE OF									
5	that d by lease ial, c ar of		underlying cause		(c)									
RDS, 2	n signe Then p r ta bur injury,	NO	PART 2. OTHER SIGN	uen	EANT CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN								ART 10	
IL RECO	hos bee hos bee permit.	CERTIFICATION	19a DATE OF OFFRAT	ION	19b. COND	OITION FOR WHICH	OPERATION WAS PERFORMED			200 AUTOPSY?  200. IF YES, WERE FIN IN CERTIFYING CAU  YES NO YES				
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	ICIAN: TI g physicia entificate ral-transit ntal Hygi rem/18 s		21a. ACCIDENT WAS UNE OR CONTRIBUTING (C)	AUSE OF DEA	TH HOUR A	DF INJURY M. MONTH D	AY YEAR	21c. HOW IN	1JURY OCCURE	RED (ENTER NATURE OF IN.	URY IN ITEM 1	8 PART I OR P	AR1 2)	
NOISION	offending offer this of the burner of the bu	MEDICAL	214 INJURY OCCURE WHILE NOT WH AT WORK AT WOR			OF INJURY TREET, FACTORY, OFFICE,	ARM ETC)	21f LOCATION STREET		CITY OR 1	OWN	con	NTY	STATE
	spital ar STOR: A far use of Healt		22a.1 certify that (1) saw the decease above, (1) (we) (c				36	nd that in (my)	, 19 <u></u>	death accurred on the		_, 19 <u></u>		hat (I) (we) last auses stated
	TAL OR A the ha tal DIRE detached ate Dept AT: If them	le de	The SIGNATURE	rede	rich o	Mroma	1 .	N		MEDICAL ST.  ■ DIRECTOR □ PHYS	AFF ICIAN []			19-86
	ro Hospital etained by 1 TO FUNERAL should be det with the State		Freder	, –	omau, 1	И.Д.		18111		Philip Dr.	, Oli	ney, 1	Md.	20832
	E E - ~ > ~ !	23a. I	BURIAL, CREMATION,	REMOVAL	236. DATE	23¢	VAME OF C	EMETERY OR	CREMATORY	23d. LOCATION CITY OR TOWN	13.13	COUNT	y	STATE
	BP		Burial		Nov.	22. 86 F	t. Li	rcoln C	Cemeteri	Brentwood	Pris	ice G	eoro	e's Md.
	DHMH - 16 60M 7/84	24 F	UNERAL DIRECTOR	Franc	is J.	Collins	Jr.		25a DAT	E REC'D. BY REGISTRA	RI256 REGI	STRAR'S S	IGNATE	JRE
	(VRA 15, 4)	50	10 Universi					ing, Ma		UV 25	8	ha De	H. GLETP	. Kanaach



(VRA 15, 4)



THE RESERVE		FOR STATE		D	EPARTMENT OF	HEALTH	AND MENTAL H	YGIEN	0	0 6	2 0	~
771 NOV	DI	REGISTRAR		MEDICAL EXAMINER'S CERTIFICATE OF DEATH  REG. NO.								
	T DE	CEASED NAMPAUL	FIRST	DUDI			HÄNES		ATE KNOWN	МОМТН	DAY YEAR	2h HOUR
STON STREET,		-	tau	-1	J-70000000			DE	ATH MATED		151986	740
0	3. SE)			DATE OF BIRTH	YEAR 6. AGE (IN Y	DAY) MONTH		MIN PROP	DATE NOUNCED	MONTH	DAY YEAR	2d. HOUR
		de wh		July 23		RS.			DEAD	JI .	15,86	AM
1	7a. BI	RTHPLACE (STATE OR REIGN COUNTRY)	/b	. CITIZEN OF WH	AT COUNTRY?		ED X NEVER MARRIE	ED L	LTIMORE CIT		Y OF DEATH	
-	ID C	TY OR TOWN OF DEATH	1	U.S.A.	ITAL, NURSING HOM	WIDOW			CCUPATION (		126. KIND OF BU	MD.
				LIE NOT IN SUCH EAC	HITY CIVE STREET ADORESS!		EK INSTITUTION	FOR MOST C	E WORKING HEE		OR INDUSTI	RY
		Bethesda AL RESIDENCE (IF IN MURSI	NG HOME OR O	THER INSTITUTION, GIV	oan Hospita	(ON)		Prumb	ing con	itracto	r-Own B	us.
2	13a. S	SHOW MD	Montgo		Bethesda		13d. INSIDE CITY LIMITS? YES X NO	13e STREET A	DDRESS Seven I	ocks R	d.00	817
1	14. F/	ATHER'S NAME FIRST	A	MIDDLE	LAST		15. MOTHER'S MAIDE	NAME	MIDDLE		LAST	
1	14- 1	George VAS DECEASED EVER IN	IIIS ADAFE	W.	Hanes	TV NO	Oregon 17. INFORMANT		ADDRE		Dorsey	
	{Y	ES, NO, OR UNKNOWN)	F YES, GIVE WAR	R OR DATES)							// 7 7	
į		NO CAUSE OF DEATH	(F.A)		578-10-25	250	Reatha M.	Hanes	Same a	s item	# 13	In ITERVAL
		18. CAUSE OF DEATH PART I DEATH WAS	S CAUSED BY	Υ:	or (a), (b), and (c).)	-, 2 -	20	rres	+		BETWEEN ONSE	AND DEATH
		L	MMEDIATE (		AS A CONSEQUENCE		0.0					
EMO		Conditions, if any			Cor		n mu	avt	erios	= ( 0	100010	
OR REMOVA		gave rise to im couse (o) stating th		DUE TO, OR	S A CONSEQUENCE							
		lying cause lost.		(c)							188	
G	z	PART 2 OTNER SIGNIFICANT CO	DNOITIONS CON		UT NOT RELATED TO THE TERI	MINAL DISEASE	E DR CONDITION GIVEN IN PAR	RT 1 (g).				
	TIO	190. DATE OF OPERATION	ON	19h CONDIT	ON FOR WHICH OPE	RATION W	AS PERFORMED?		4.18		20 AUTOPSYS	
23	IFIC,										YES 🗆	NO []
-	CERTIFICATION	210 EXTERNAL CAUSE		21b. TIME OF		21c. H	OW INJURY OCCURRED	D (ENTER NATURE	OF INJURY IN ITEM	18 PART 1 OR PAR		NOL
3		UNDERLYING OR	USE OF DE		MONTH DAY YEA	R						
1	MEDICAL	214 IN HIRY OCCURRED	Ď	21e PLACE O	FINJURY (AT HOME,		CATION		On Young			-
	×	WHILE NOT W	RK	STREET, FACTO	mi, ram, etc.)		, net	CITY	OR TOWN	COU	NIT	STATE
	- 3			f the remains desc	ribed obove, held on	Autop	sy , Inspection	In Inc	uiry .	ond in my opi	inion	
		death resulted fram:	Natural	couses ,	Accident . Si	vicide 🗍	, Homicide .	Undetermin		],		
MAKTLAND		ACTUAL C	0	9	0		TITLE (SPECIFY)					-2-
_		ACTUAL SIGNATURE	THE	100		M	DADER	MEDICAL	EXAMINER	DATE		1-86
X		EXAMINER'S NAME (TYPE OR PRINT)	dol	NN -	Taub	ser	ADDRESS. S	218	Wis	CON		ava
X	23a.B	URIAL CREMATION REA			23c. NAME OF CE	METERY O	R CREMATORY	23d LOCATI	ON			
		Burial		1/18/86	Ft. Lin	ncoln			twood,			ATE
	24. F	UNERAL DIRECTOR JO	_	ADDKE22	Sons, Inc.	•	25a. DATE R	REC'D. BY REG	STRAR 25b. RE		GNATURE	12
17 E (5))		5130 WT A	ve. N	W Wash	DC 20016		1401	2 0 190	DO July	in Decide	m. Randal	100

STATE OF MARYLAND

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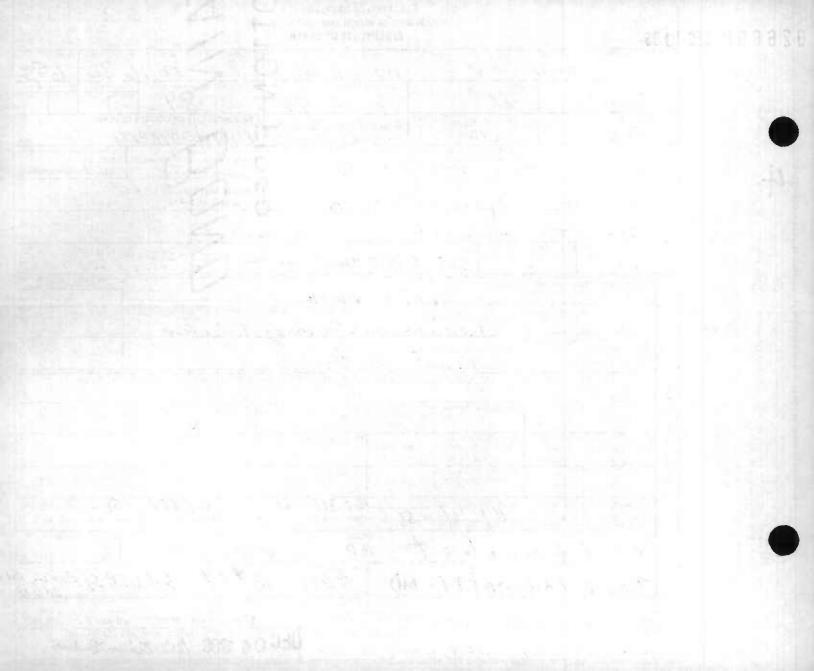
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3210 NOV	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 7 A GREGISTRAR CERTIFICATE OF DEATH	8 6 3 2 5 0 5
0 2 1 3 HUY 7		REG. NO. ATE OF DEATH MONTH DAY YEAR 126/HOUR
page 3	PAYMOND B HANNA, SY	11-2-86 1815
e + moy		(IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
2 12 0	7a BIRTHPLACE   STATE OR FOREIGN   7b. CITIZEN OF WHAT COUNTRY? 8.	LTIMORE CITY OR COUNTY OF DEATH
t FAS	West Virginia USA WIDOWED DIVORCED	Montgomery MD.
20 83		SUPPLEMENT OF BUSINESS OR THE COUNTY COUNTY
filled in ould be	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 13b. COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13c. STATE	TREET ADDRESS / ZIP CODE 20760
ed within	Raymond B Hanna Adelphia	Flannery
xecut nd ca ges 1	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO. 17 INFORMANT  (YES NO OR UNKNOWN) (IF YES GIVE WAR OR DATES)	ADDRESS
S. Po	Yes   WWII   577 28 7704 Vivian Hann	a (Same as 13E) Wife
requires that the dearen's signed by the attern. Then please remove or to buriol, cremation y injury, or other trour		a of leophysic 3 months DISEASE OR CONDITION GIVEN IN PART 110
The law cion.  e hos be hos be giene prima hows on	AF AF	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO
rysician: Ti ding physici s certificate burial-transif Mental Hygi	CONTRACTOR OF STATE O	ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
UG PHYSI ottending ter this ce is the buri h and Mei riked ar It	OKCONTRIBUTING CASSE OF DEATH    IFEITHER NOTIFY MEDICAL EXAMINER)	CITY OR TOWN COUNTY STATE
ATTENDIR spital or CTOR: At for use of Healt	22a.   certify that (1) (this hospital) attended the deceased fram	a NOVERBER 219 86 , that (I) we last accurred an the date and have and from the couses stated
(AL OR Ay the hor) (AL DIRE) detoched ofe Dept. VI. If frem	PHYSICIAN DIR	DICAL STAFF ECTOR PHYSICIAN   1/3/86
O HOSPITA etoined by TO FUNERA should be de with the Sto		SANDY SPRING RD., OLNEY, MD.
BP	Burial 11/5/86 Parklawn Cemetery	RÖCKVille Mont. Maryland
DHMH - 16 60M 7/84 (VRA 15, 4)		5 1986 Delia Devideon Rondors

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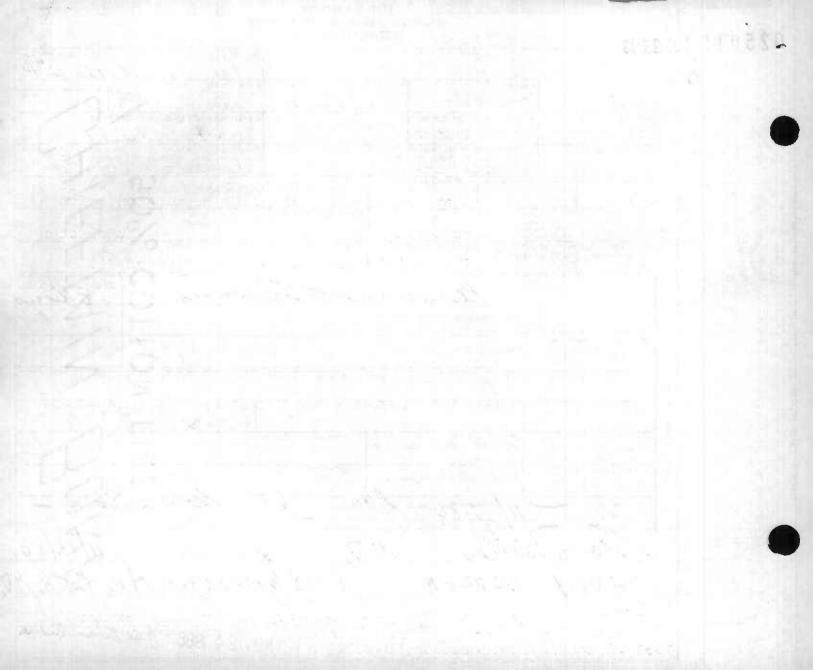
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1000 000	-	CEASED NAME	FHST		MIDDLE	1.	AST		20. DATE O	REG. N		DAY YEAR	2b. HOUR
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An and	3.56	X.		RACE		5. DATE C	F BIRTH		6. AGE (IN	YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR	IF UNDER 2 HRS
7 55		Female		W		MONTH	38	97		8	9 YRS.	MONTHS DAYS	HOURS MIN.
2 45 1		RTHPEACE (STATE OF)	OFEIGH 7b.	CITIZEN OF	WHAT COUNTRY	Y? 8.	NEVER M	APPIED	9 BALTIMO	ORE CITY O	R COUNTY	OF DEATH	
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168	5	JULY SOLI	ITH III		HOSPITAL, NURS		TO L	TUTION	TYPE OF WO	CCCUPAT RK FOR MOST O	OF WORKING LIF	FE) INDUSTRY	OF BUSINESS OR
13-32	USU	AL RESIDENCE (FAUR)	NG NOME OR OTH	HER INSTITUTION	GIVE RESIDENCE BEF	ORE ADMISSION)	13d. INSIDE CIT	TV HAAITS2	13e STREET			1	127/7
のは		MD	M SNTG		GAITHET			NO []		KN 204		X	0/60
12 150	14, F	ATHER'S NAME	MID	OLE .	LAST		15. MOTHER'S	MAIDEN NAM	AE	MIDDLE		LAS	
11/15	14	ILLSON	T.		LLIGAN			LNXN	Line	WIDDLE		LAS	51
9 4 9		WAS DECEASED EVER			166 SOCIAL SE		17. INFORMAN			ADDRI	ESS	ANNING!	CST NOT
0 0 m	1	YES, NO OR UNKNOWN)	(IF YES, GIVE W	AR OR DATES)	578-0	5-6998	BART	WILLIA	ims	320	LTSVI	CLE. MD	20705
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1000		PART I. DEATH W	AS CAUSED 8	3Y:	FE	nti	SHOCK	1c				DETWEEN	ONSET AND DEATH
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0000		DUE TO, OR AS A CONSEQUENCE OF											
9.02		Gooditions, if any, which (b) Iseduremena's Namary Infection											
4 6 6 6		couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last.											
997 5				( (c)	Kena	y yel	1 rus	~ .					
signa hen p to thur	NO	PART 2. OTHER SIGN	VIFICANT COI	NDITIONS <u>Co</u>	ONTRIBUTING TO	O DE ATIM BUT	NOT RELATED	TO THE TERMI	INAL DISEA	SE OR CON	IDITION GIV	/EN IN PART 11	a
1000	CATIC	19s. DATE OF OPERA	TION	19b. COND	ITION FOR WHIC	CH OPERATIO	N WAS PERFOR	RMED	20a AUT	OPSY?	20b. IF YE	S, WERE FINDIN	NGS USED
. 541 00	E .								YES 🗆	NOW		FYING CAUSES	NO []
9 49 4	18	21a. ACCIDENT WAS UNI	DERLYING	21b. TIME C	F INJURY		21c. HOW INJ	IURY OCCURR					
4 41 1	2.50	OR CONTRIBUTING			M. MONTH								
B B B B A	MEDICAL	(IF EITHER, NOTIFY MEDI		21e. PLACE	M. OF INTURY	19	211. LOCATIO	N		*****	-		
the part of the pa	ME	WOLLAND	- C 10		REET, FACTORY, OFFIC	E, FARM, ETC }	STREET			CITY OR TO	NWN	COUNTY	STATE
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de to		abave, (I) (we) (	did) (did nat) v	riew the body	after death.	-6		our, opinion c		ed dir ine d	ore and nac		
A DOOD T		22b. SIGNATURE	-		1	1	DEGREE A	TTENDING .	MEDICAL	STA	FF	22c. DATE	SIGNED
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o FUNERAL O FUNERAL Manual De der MPORTANT		TONY P	AME (TYPE OR PE	NAR	KAT.	MD	82	01 1	16 th 5	+	SILI	IER S/	PINGIN
P 14 2 3	23a.	BURIAL, CREMATION,	REMOVAL	23b. DATE	23	. NAME OF C	EMETERY OR C	REMATORY	23d. LOC			10.11.5	
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026679 DEC	1 - STATE REGISTRAR  CERTIFICATE OF DEATH REG. NO.
	DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 26 HOUR
9 %1	FRANK W. HARDY 11-26-86 0940m
B B	3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH DAY YEAR MONTHS DAYS HOURS MIN.
ge 4	MALE CAUCASIAN 7 10 24 62 YRS
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offer of with the full with th	10 CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  12. LYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
	TAKOMA PARK WASHINGTON ADVENTIST HOSP'T. MANAGER RESTAURANTS
MARYLAND 2120 ed within 24 hours mpletely filled in by ond 2 should be fill	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 136. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE
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RYLA RYLA Mithin within	14. FATHER'S NAME  FIRST MIDDLE LAST  15. MOTHER'S MAIDEN NAME  FIRST MIDDLE LAST  FIRST MIDDLE LAST
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IIMOR be exe on and Page	(YES, NO OR UNKNOWN) (IF YES, GYE WAR OR DATES) WWII 202-22-8262 MARIAN S. DABLER 8430 CARROLLTON PKWY
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NO 4	DUE TO, OR AS A CONSEQUENCE OF
PRESTON he death co emo- emo- r t toll-me	Canditions, if any, which (b)
	gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF
201 W	underlying cause last.
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/0
DIVISION OF VITAL RECORDS,  NG PHYSICIAN: The law requir ottending physician.  fifer this certificate has been sign os the buital-transit permit. Then th and Mental Hygiene prior to b orked at term'8 signs any injury	UHDANIC OBSTRUCTIVE PULMONARY DISCHARGE 200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2)
REC low os b sorm sorm	196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 2016. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
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ON OF A HYSICIAN ding ph is certific buriol-fr Mental I	OK CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  P.M.  19  216. INJURY OCCURRED  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, EIC.)  STREET  CITY OR TOWN  COUNTY  STATE
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of Short of	230 BURIAL, CREMATION, REMOVAL 735. DATE 234 NAME OF CEMETERY OF CREMATORY 2331 LOCATION
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DHMH - 16 60M 7/84 (VRA 15, 4)	NAME ADDRESS FC O CORE
(VKM 15, 4)	W. W. CHAMBERS CO. RIVERDALE, Md. 20737 De 1980 guita Deordon-Kondora

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oy be	Emily	М.	Harman	11	18 1980 12 PM
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Page 4	Female	Caucasian	Nov. 8, 1903	83 YRS	
4 12 Cg	70. BIRTHPLACE (STATE OR FOREIGN MISSISSIPPI	7b. CITIZEN OF WHAT COUNTRY United States	MARRIED   NEVER MARRIED	Montgomery	
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to the tree death ceed by the attending please remove corbinial, cremation, or rich car attending to a remove transmitter.	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQ  (b)  DUE TO, OR AS A CONSEO  (c)	UENCE OF		
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TAL OR A y the hos RAL DIREC detoched tote Dept.	22b. SIGNATURE	Walley	DEGREE ATTENDING PHYSICIAN D	MEDICAL STAFF DIRECTOR   PHYSICIAN	11/18/86
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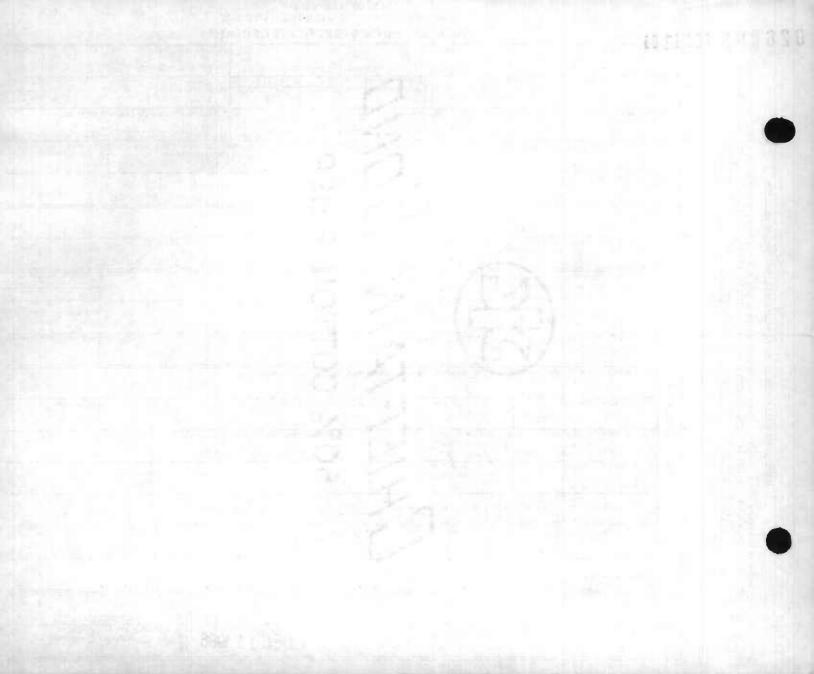
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ST., BAL		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA	nly ane cause per line far (a) ED BY: TE CAUSE (a)	assin Cerebia	Vasenlar A	BETWEEN ONSET AND DEATH
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DIVISIO DIVISIO Other the or the b th one h	MED	21d INJURY OCCURRED  NOT WHITE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY,	, OFFICE, FARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE
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TAL OR y the ho		22b. SIGNATURE	. A Che		MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
O HOSPIT resured by too Funes thought be with the Sign			AUGKA	7610 Car	roll Ave #	390, Takomo Park
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	TO HOSPITAL etained by 1 TO FUNERAL should be det	MPORTANT		22d. PHYSICIAN'S NA	P. P.		NAR	-	7 2	F201	/	16 th s	1-31	LVER	SPRING,
		3		URIAL, CREMATION, F	EMOVAL	23b. DATE	1000		E OF CEMETER			23d. LOCATION CITY OR TOWN		COUNTY	STATE
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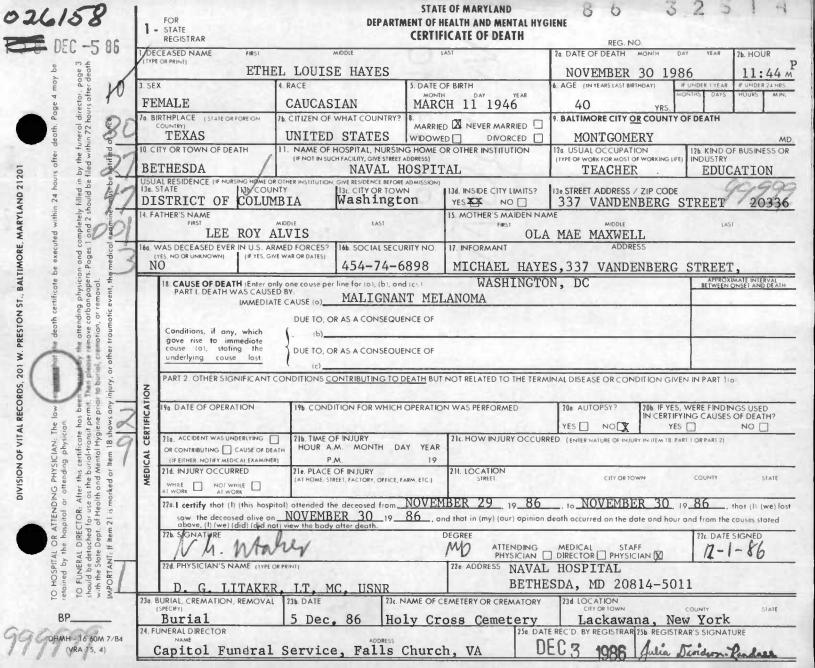
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21201			aryland		gomery		Spring	YES X NO			Avenue	/	209	02
WD.	A20.32	14.F	ATHER'S NAME		WIDDIE	. LAST		IS. MOTHER'S MAID	EN NAME	MIDDLE				
	20077		Pharis		James	Harv	ev	Jane		WIDDLE		Hul	AST 1	
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DIVISION OF VITAL RECORDS.	MER. THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER CATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18, GIVE PAR FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FOR OR, BAGES 18 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT. PAGES 1 HE STATE OFPARMENT OF HEALTH AND MENTAL HYGIENE, DIVISION AND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	MEDICAL CERTIFICATION	19a. DATE OF C	PERATION	19b. CONDIT	ION FOR WHICH	H OPERATION W	AS PERFORMED?				2D A	UTOPSY?	
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	W. VERGE		ACTUAL SIGNATURE_	11/1	White)	100	Knobe	TITLE (SPECIFY) Assistant			DATE		12/6/	106
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	TO MEDICAL EXAMINER: IT EXECUTE THE CERTIFICATE. PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2	23a.BI		ON, REMOVAL 2			OF CEMETERY O		123d LOCATIC					
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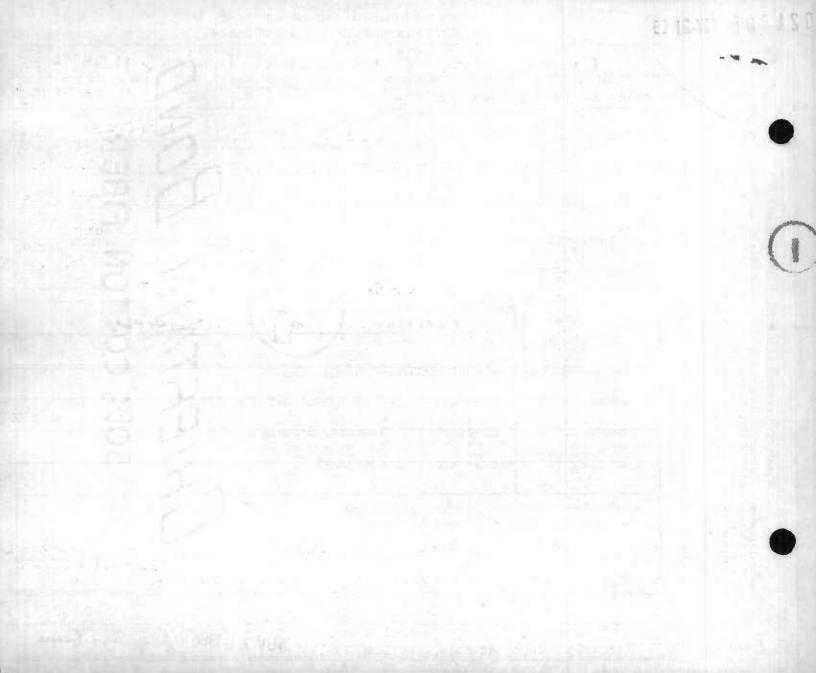
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	e 4 moy be ctor, page 3 s after death	3. SE		RACE B/ACK	5. DATE OF BIRTH  JOHN 8 DAY 19 YEAR	V. Proce (Introduction of the Control of the Contro	FUNDER TYEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.
	oth. Pog 72 hour	70. 8	IRTHPLACE (STATE OR FOREIGN 7	6. CITIZEN OF WHAT COUN	MARRIED NEVER MARRIED WIDOWED DIVORCED	DE BALTIMORE CITY OR COUNTY	Arthur d
3+	الْمُ الْمُرْدِينَ ا	2 10 E	TY OR TOWN OF DEATH		URSING HOME OR OTHER INSTITUTION STREET ADDRESSY	170. USUAL OCCUPATION WORK OF WORKING LIFE	12b. KIND OF BUSINESS OR INDUSTRY
12	ours in by	- WSL	AL RESIDENCE (IF NURSING HOME OR C	THER INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION)	- Unjerniproga	1
AND 2	filled hoold b	5	Md. 136 MO	ntg Gaith	ersburg YES NO	8352 FAIrhau	en Dr /20877
MARYL	ed within	3 "	ATHER'S NAME FIRS FYEDEVIC	K HAW'	15. MOTHER'S MAIDEN N. FIRST	A CAmpbel	LAST
IMORE,	xecut ind co . Pages 1	160		WAR OR DATES) 2/3./	5-2261 Florence X	tawkins (wite).	some AS 13
1	on papers emoval.		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE		DIRATORY FR	ALLARE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ESTON	death attendin ave carb frian, ar r		Canditians, if any, which	DUE TO, OR AS A CONS	EDUENCE OF PLEURAL	E 77usion,	
W. PR	by the ose remo		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONS		aro, Bilateral Preum	ing.
RDS, 20	equires to n signed Then ple r to burio	NO	PART 2. OTHER SIGNIFICANT CO		LCOHOLIC LIVER	MINAL DISEASE OR CONDITION GIVE	N IN PART 1(a
DIVISION OF VITAL RECORDS, 201 W. PRESTO	be low r bon. has bee t permit. ene prio	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR W	HICH OPERATION WAS PERFORMED	200 AUTOPSY? 200. IF YES, IN CERTIFY	WERE FINDINGS USED VING CAUSES OF DEATH?
OF VITA	SICIAN: T ng physici certificate urial-transi tental Hygi		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF GEAT	21b. TIME OF INJURY HOUR A.M. MONTH	1 DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT I OR PART 2)
VISION	3 PHYSICIA ittending pl er this certif the burial-tond Mental	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY	211. LOCATION	CITY OR TOWN	COUNTY STATE
ā	or or Aff		22a I certify that (I) (this haspite	al) attended the deceased i	rom 10-15-80 19 86	to //- 3 1	9 8 6, that (1) (we) last
	ATTEN spital CTOR. I for us		saw the deceased alive an abave, (1) (we) (did) (did nat	view the body after death.	19 8 6 and that in (my) (aur) apinion	death accurred an the date and haur	and from the causes stated
	At OR A the hos At DiREc detached are Dept. IT: If Item		22b. SIGNATURE & 85 4	'K'm ATHE	DEGREE  M O ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN	22¢. DATE SIGNED
	TO HOSPITAL retorned by th TO FUNERAL should be det with the State		LISSY K. N	PRINT) ATHEW.	22. ADDRESS 148 Suile 161	12 PHYSICIAN ROCKVILLE M.	S LANE
	PP	230.	BURIAL, CREMATION, REMOVAL SPECERY Burial	23b DATE 11-7-86	23¢ NAME OF CEMETERY OR CREMATORY Brooke Grove Cem.	C. C	, couMontg. sMD
	DHMH - 16 50M 4/82 (VRA 15, 4)		GEORGE R. Snow	wden Rock	N. Washington 250.DA Ville, MD 20 <b>3.TJV</b>	TE REC'D. BY REGISTRAR 256 REGISTR	AR'S SIGNATURE

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0 2 4 0	U O MUV	411 t	MATE. MEGISTRAR		ME	DICAL	EXAMINE	R'S	ERTIFIC	ATE OF	DEATH	REG. NO.			
	- 0	1.06	CEASED NAME	FIRST		MIDDLE			LAST		20. DATE N		MONTH	DAY YEAR	2h HOUR
1	Bester	I m	a Develop	EMM	A	3.		HE	ADL	EY	OF DEATH	ESTI- MATED	11	13,86	300
	五名五名篇 /	1/30		4. RACE	5. DATE OF BIRTH	YEAR	6. AGE (IN YEAR			F UNDER 24		W. 1-1	MONTH	DAY YEAR	2d. HOUR
	ON STATE	10	emale	white	1 84		LAST BIRTHDAY		HS DAYS	HOURS	PRONOUN DEAD	CED	11	13 86	30 M
-	SAN EN	74. B	RTHPLACE ISS STEIGH COUNTRY)	VIII-CM	76 CITIZEN OF W			MARR	IED   NEVI	ER MARRIED	9. BALTIMO	ORE CITY OR			-
•	BASES T		New Yor	k	United S			WIDOW		DIVORCED			190	9 mer	MD.
	O SHEET S		Bethesd		11. NAME OF HOS (IF NOT IN SUCH FA	CILITY, GIVE S	TREET ADDRESS)		#151		FOR MOST OF WORK  Day Care	ING LIFE)		OR INDUS	TRY
-	BON MAN	SU	AL RESIDENCE	(IF IN NURSING HOME O	OR OTHER INSTITUTION, G	VE RESIDENCE	BEFORE ADMISSION					#1-		.5.60	L.
120	Secres		TATE	Monte			OR TOWN				STREET ADDRES	S			201/
0.7	# 26.22		ryland	Montg	gomery	Deti	nesda				4521 East	-west	nign	way/ Z	3814
1	H-SEE		4,4625		MIDDLE		LAST		_	ST MAIDEN	WIL	DDLE	0	LAST	
. 1	20 × 0 -	16a. \	Philip WAS DECEASED	DEVER IN U.S. ARA	MED FORCES?		unstein CIAL SECURITY		Jenn 17. INFORMA	-		ADDRESS		ctor	
1 1	E-580	()	ES, NO, OR UNKNO	WN)   I # YES, GIVE	WAR OR DATES)				7 11 1	(EX	ecutor)			lver S	
1	A REFEREN	-	No				42 417	8	Richa	ird She	erman 133	324 Dat	uphin		
15	NA SERVICE		PARTIDE	ATH WAS CAUSED	ly ane cause per line DBY:	far (a), (b)	, and (c).)	2-	1			rest	-	APPROXIMA BETWEEN ONS	ET AND DEATH
NO NO	ZESESEZ ZESESEZ			IMMEDIAT	TE CAUSE (a)		rdio (		81001	101.01	200	- 3			
19	A S A P S A S A S A S A S A S A S A S A		Condition	is, if any, which	DUE TO, OR		ISEOUENCE O		1775	- 4		(	0	THE STATE OF	
E.	PARA SER		gave ris	e ta immediate	(b)		rowar			341.	20105	21000	5,51		
× 100	N PEN NEN NEN N N N N N N N N N N N N N		lying cau	stating the <u>under</u> - se last.	DUE TO, OR	AS A CON	ISEQUENCE O	F							
SEDS.	EXECUTION OF THE AND T	,	PART 2 OTNER SIG	SNIFICANT CONDITIONS	CONTRIBUTING TO DEATN	BUT NOT RELA	TED TO THE TERMIN	AL DISEASI	OR CONDITION (	GIVEN IN PART 1	10				
RECO	PENET	CERTIFICATION	19a DATE OF	OPERATION	19h CONDI	TION FOR	WHICH OPERA	TION W	AS PERFORM	NED?				20. AUTOPSY	?
ITA	SE CESTO DE LA COMPONITATION DE LA COMPONITATI	TIFIC	37.0										0.7	YES 🗆	NOXX
ONO	PICATE WITH TO THE WORLD BANTANEN		UNDERLYING CONTRIBUTION	L CAUSE WAS OR NG CAUSE OF D		L MONTH	19	21c H	OW INJURY C	OCCURRED (	ENTER NATURE OF INJU	RY IN ITEM 18 PA	RT 1 OR PART	2)	
DIVIS	HIS CER WRITIN VARDED AGE 3 S ATE DEP	MEDICAL	21d, INJURY O	NOT WHILE C	21e. PLACE ( STREET, FAC	OF INJURY TORY, FARM, E			CATION		CITY OR TOW	'N	COUN	ŢΥ	STATE
	MINER: THECATE BE FORV ECTOR: F TH THE ST YLAND.		22a. I certif death resulte		e of the remains des	cribed abo		Autop	sy . , Hamicia	Inspection de	Inquiry Undetermined mar		in my apin	ion	
•	CAL EXA THE CER SHOULD SHOULD ATH, WI RE, MAR		ACTUAL SIGNATURE	Of.	hota	ulie		м	DEP	ECIFY)	.MEDICAL EXAMI	NER	DATE SIGNED.	11-1	3 86
	TO MEDICAL EXECUTE THE PACE 4 SHOU TO RUNERAL AFTER DEATH	-	EXAMINER'S I	IT)	15~ T	lau	ber		ADDKE33	8218	61.500			ALR	~3'
	FORFRA	23a.B	URIAL, CREMAT	TON, REMOVAL 2			NAME OF CEM				23d LOCATION		COUNTY	S	TATE
07/84 25M	BP		rial		19,1986	Ar	lington	Nat	ional	Cem.	Arlingto	on		Virgin	ia
23/41	DHMH - 17				A. Pumph	rey F	uneral	Home	s,PA 25	DATE REC	D. BY REGISTRAR	256 REGIST	RAR'S SIG	NATURE	44.
	(VR A15 ME (5))	75	57 Wisc	onsin Ave	enue Beth	esda,	Maryla	nd 2	0814	NUV	1 9 1986	8 man	Devel	7. (	



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DHMH - 16 60M 7/B4 (VRA 15, 4)

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR STATE			HEALTH AND MENTAL HYD				
Y	24 FEISTRAR		MIDDLE	1467	REG. NO		To	_
١	1. DECEASED NAME FIRST (TYPE OR PRINT)		MIDDLE	1001	20. DATE OF DEATH		20.11001	P
	SARA	H	HE	LFMAN		11-13-8	012	M
	3. SEX	4. RACE		OF BIRTH	6 AGE (IN YEARS LAST BIRT			
	Female	W	hita Ans	il 10 1907	79	YRS MONTHS D	AYS HOURS M	IN.
	7g. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY? 8		9 BALTIMORE CITY O		Н	_
	COUNTRY		MARR		1 1-	C :2 24 5 5	3.6	
	Russia		B. A. WIDOV		MONI	50 ME	KY	MD.
		(IF NOT IN SUC	HEACHITY GIVE STORET ADDRESS!		120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O	F WORKING LIFE) INDLIS	ND OF BUSINESS	OR
	Róckville		Home of Great	iter Washington	Housewill	je Owi	n Home	
1	Maryland Monte	OTHER INSTITUTION TY JONETY	GIVE RESIDENCE BEFORE ADMISSION ROCKVILLE	13d. INSIDE CITY LIMITS?	13eSTREET APPRESS	zos Eo Road	2085	3
7	14 FATHER'S NAME	, ,		IS MOTHER'S MAIDEN NA	MF			~
		MIDDLE	Gusinsky	Rebecca	MIDDLE	(Unascer	tainable	2)
	160 WAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECURITY NO.	17 INFORMANT	10268 E	Vinfield Co	aunt	
	NO	E WAR OR DATES	579-26-7852	Bernard Hel	fman Hange	is Virgin	ia 22110	
	THE CALIFE OF DEATH (Follower	lu ano sausa nos	ling factor (b) and is:		Mariassa	AP	PROXIMATE INTERVAL VEEN ONSET AND DEA	
i	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE		Carallian di	/	arrest		FEN ONSET AND DEA	IH
ı	IMMEDIAT	E CAUSE (o)	ardio Pill	moriary	UTTESL	•		_
g		DUE TO, O	RAS A CONSEQUENCE OF	+,				
	Canditions, if any, which	(b)_	Demen	11d.				
	gave rise to immediate cause (a), stating the	DUETO	R AS A CONSEQUENCE OF	1	,			
1	underlying couse last.	(6)	Dettudra	tion/Ma	Inoutrite	on -		
	PART 2. OTHER SIGNIFICANT O	ONDITIONS CO	ONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN IN PAR	RT lun	
١								
_	190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	119h COND	ITION FOR WHICH OPERATI	ON WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FI	NDINGS LISED	
1	E I					IN CERTIFYING CAL	USES OF DEATH?	
	E .	7	NE IN 1411014		YES NXXX	YES	NO 🗌	
		1	M. MONTH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	TY IN ITEM 18 PART I OR PAR	T 21	
	OR CONTRIBUTING CAUSE OF DEA		M. 19					
	21d INJURY OCCURRED	21e PLACE	OF INJURY REET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION	CITY OR TO	wn COUNT	Y STATE	
4	WHILE NOT WHILE AT WORK	(AT HOME ST	REEL, PACTORY, OFFICE, PARM, ETC.)	JIBECT				
	22a I certify that (1) this hospi	tal) attended th	e deceased from 10	-16 19 86	0 10 11	-15 19 50	that (Iv (we)	17.0
	sow the deceased olive an above, (1) we) (aid) (did no		**	and that in (my) (our) apinion			the causes stated	4
	obove, (1) wel (aid) (did no	t) view the body	ofter death.	DEGREE			ATE SIGNED	
	10. SIGNATURE	100	0	ATTENDING _	MEDICAL STAF		,	
	X ED O O	Mhit	T MD	PHYSICIAN [	DIRECTOR   PHYSIC	IAN [ 11]	13/86	>
1	22d PHYSTCTAN'S NAME (TYPE C	PRINT)	'.'	22e ADDRESS	1	7.		
	LORETO.	). A	-3106	16/21 mi	MIKOSE	KD		
	230 BURIAL, CREMATION, REMOVAL		23c NAME OF		23d LOCATION			_
	1SPEC IF Burial	11/16/		rolom Congrega	tion Canito	of Heights	P.G. SIM	d.
	<del></del>				TE REC'D. BY REGISTRAR			
	2 DUNALD RM ORSTEIN 1	TEBREW N	MEMORIAL FUNET J. WASHINGTON	GAL HUML	0.1986	ZIB REGISTRARS SIG	SW.	

68 (2) (2) (3) (6) LINE SUMMER BEREEF and an analist a supported trans 1 18 to past to trans 3002 N.M. 610 201519 8 175504 · Profit was Supplied & Super Conservation

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

6	0 0	BEGISTRAR		CERTIFICATI	LOIDLAIN	REG. NO	).		
	1. DEC	EASED NAME FIRST	MIDDLE	LAST		20. DATE OF DEATH	MONTH [	DAY YEAR 2	HOUR 10
	(TYPE	OR PRINT) Richard	rd	Henders	200		11-1	18-86	948
	3. SEX		4 RACE	5. DATE OF BIRT	н	6 AGE (IN YEARS LAST BIRT			UNDER 24 HRS
		M	W	MONTH -	23- 25	[0]	YRS.	MONTHS DAYS F	OURS MIN.
9		RTHPLACE (STATE OR FOREIGN )	76 CITIZEN OF WHAT COL	UNTRY? 8.	NEVER MARRIED	9 BALTIMORE CITY O	COUNTY	OF DEATH	1 2 7 1
		VASh. D.C.	U,S.A	WIDOWED	DIVORCED [	MONT	301	DERY	MD.
0	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, GI		ER INSTITUTION	120 USUAL OCCUPATION OF WORK FOR MOST OF		126. KIND OF B	USINESS OR
0	Si	Iver Spring	Holy Cros	ss Hospi	tal	Salesma	n.	Sea .	rs
5	13a. S	TATE 11 NURSING HOMEOR OF TATE			SIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE	22-12	2001
		1119. 1110	mug. (.ja	VISDUY YES		T.0,00	XX	25/26	1/30
"×	14. FA	THER'S NAME	MIDDLE A 1/01	15. MG	OTHER'S MAIDEN NAM	MMIDDLE MAIDDLE	1	LAST	
		WIII 1971	H. Hole	18×3011 0	Drownin	e IIIHE	01	eene	
1		VAS DEČEASED EVER IN U.S. ARA (ES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIA	-20-8719 W	MILLIAM Her	nderson	yothe	1) SAM	e AS
		18 CAUSE OF DEATH (Enter only	v one course per line for on	(b) and (c) is	1			APPROXIMA	TE INTERVAL SET AND DEATH
		PART I. DEATH WAS CAUSED	BY:	En E	nelin 1			BETWEEN ON:	ET AND DEATH
		IMMEDIATE	E CAUSE (o)	and 1-	mure			Sua	40
	27		DUE TO, OR AS'A COL	NSEQUENCE OF	-/ (	-1	- , -	and the same of the	1
		Conditions, if ony, which	( 16) Ora	om //ea	alme d	extrem	-	Iwas	'
		gove rise to immediate couse (a), stating the	DUE TO, OR AS A COL	NICEOUTING OF	4				
		underlying couse lost.		143EQUENCE OF					
		DART O OTHER SIGNIFICANT CO	(c)	NC TO DEATH BUT NOT B	ELAYED TO THE TERM	NA DISE (SE OD SO) (			
	NO	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTION	NG TO DEATH BUT NOT K	ELATED TO THE TERMI	NAL DISEASE OR CONL	DITION GIV	EN IN PART TO	
_	일								
4	Ŭ	190 DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATION WAS	PERFORMED	20a AUTOPSY?		, WERE FINDING YING CAUSES OF	
7	E					YES NO	YE	_	NO 🗆
	CERTIFICAT	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. H	OW INJURY OCCURRE	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 P.	ART 1 OR PART 2)	
1	ICAL	OR CONTRIBUTING CAUSE OF DEAT							
	S I	(IF EITHER NOTIFY MEDICAL EXAMINER)  216. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19	OCATION				
	MEDI	WHILE NOT WHILE	(AT HOME, STREET, FACTORY		SIMILI	CITY OR TO	VN	COUNTY	STATE
		AT WORK AT WORK		0	/				
		220.1 certify that (1) (this haspite	al) attended the deceased	from	19/98	2 to	9	19.86 , the	t (I) (we) lost
		sow the deceosed plive on	11/18	1919 and that	(my) (our) opinion d	eath occurred on the do	te and hou	r and from the co	uses stoted
		obove, (I) (we) (did) (did not 22b. SIGNATURE	view the body offer deoff	DEGRE	F			T22: DATE SH	INFD /
7		11/1/	/	- Just	ATTENDING CA	MEDICAL STAF	F	10/11	Nel
-		11//0	-	(////	PHYSICIAN 🗡	DIRECTOR PHYSIC	IAN 🗌	10118	186
1		276 PHYSICIAN'S NAME (TYPE OR	(PRINT)	22e A	ADDRESS	2		11 -	
/		1x11, 13es	nACK	MO 41	15 10/1	e DRIVE	2, W.	healds	my med
	230 B	URIAL, CREMATION, REMOVAL	23b DATE	23c. NAME OF CEMETE	RY OR CREMATORY	236. LOCATION		COUNTY	STATE
		Cremation	11 20-86	Lee Crema		Washing		DC	
	24 FU	INFRAL DIRECTOR	246 37	Tita - la i mark a	- C+ 250 DATE	PEC'D BY PEGISTRAP	Sh-DEGISTI	DARIE SIGNIATUR	C .

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT: If frem 21 is mark the

George R. Snowden Rockville, MD 20850 Julia Dendon Kander

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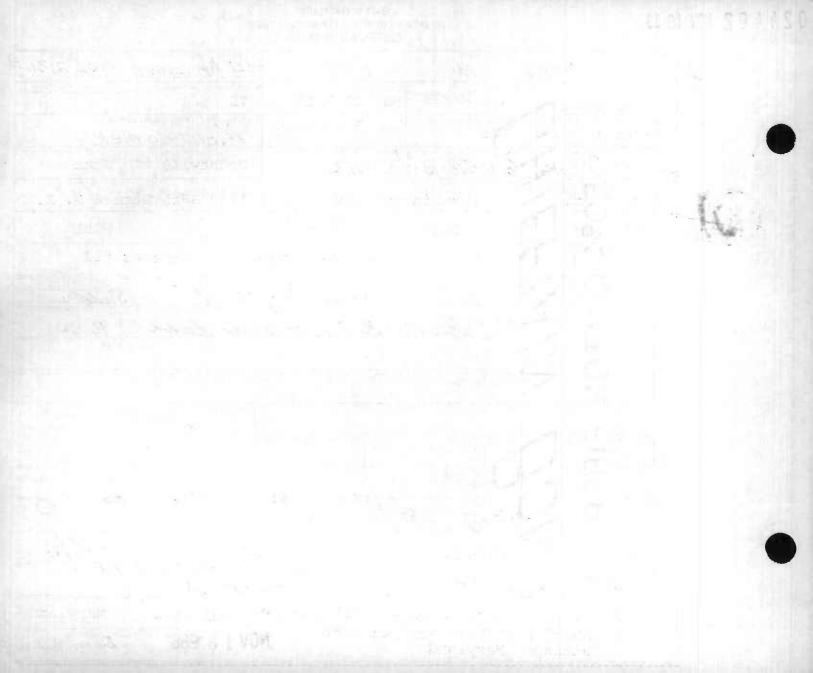
0257	50 DEC	-R. 185.	DEPART	STATE OF MA MENT OF HEALTH	ARYLAND AND MENTAL HYGIEN	i 6 3	2 3   8
	0 0 020	REGISTRAIL	MEDICAL	EXAMINER'S CE	RTIFICATE OF DEA	ATH REG. NO.	
		1. DECEASED NAME FIRST (TYPE OR PRINT)	und 7	LA	HILL	20. DATE KNOWN MON OF ESTI- DEATH MATED	1/22/9 PAR 126 HOUR
	STANDER OF STANDER	1. SEX 4. RACE	S. DATE OF BIRTH MONTH DAY YEAR  JULY 14, 1904	6 AGE (IN YEARS IF UND LAST BIRTHDAY) MONTHS 82-YRS.		PRONOUNCED DEAD	DAY WEAR 20 MOUR
	S S S S S S S S S S S S S S S S S S S	76 BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUN	TRY?	3/	9. BALTIMORE CITY OR COL	INTY OF DEATH
	SARA SARA	D. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUI	RSING HOME, OR OTHER	RINSTITUTION 120 USL	JAL OCCUPATION (TYPE OF THE MOST OF WORKING LIFE)	III KIND OF BUSINESS
A	DELA POLICA	DULL RESIDENCE (IF	ME OR OTHER INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION)		ATE PLANNER	BANK
. 21201	AN ELECTRICAL PROPERTY OF THE	143.11	1 on 1 13c. CHY	1. 100	YES NO ROLL	Est ADDRESS / m.	scott or
RE, MD	# 50 50 50	FATHER'S NAME FIRST	MIDDLE *	LAST	S. MOTHER'S MAIDEN NAME FIRST ACNES	MIDDLE	ALICHOLS
IMOI	DAY ON THE PART OF	160. WAS DECEASED EVER IN U.S. (YES, NO, OR UNKNOWN) (IF YES, O	ARMED FORCES? 16b. SOC	The occount of	7. INFORMANT	1060 GAINSB	poreugh Road
BAL	S P P P P P P P P P P P P P P P P P P P	NO THE CAUSE OF DEATH (5	NONE 086		JANUES G. HILL	POTOMAC, M	ARYLAND 20854
ON ST.	EBMIT SENE	PARTI DEATH WAS CAL	anly ane cause per line far (a), (b) SED BY: PLATE CAUSE (a)	and (c).)	MYOUZI	1di=101	BETWEEN ONSET AND DEATH
PRESTON ST	R AND	Canditions, if any, wh		ISEQUENCE OF	1 VOCA Y d	1,3-1 /11	, ,
201 W. P	IN PENC IN PENC EXAMIN SAL-TRA SMENTA SON, OR B	gave rise to immedi cause (a) stating the und lying cause last.		SEQUENCE OF	/	1000	740
RECORDS,	DING- DING- DICAL DICAL SA BUR TH AN		ONS CONTRIBUTING TO DEATH BUT NOT RELA	TEO TO THE TERMINAL DISEASE O	PR CONDITION GIVEN IN PART 1 (a).		
	A HEAR	190. DATE OF OPERATION	198 CONDITION FOR	WHICH OPERATION WAS	S PERFORMED?		20 AUTOPSY?
N Y	RANGE NO.	210 EXTERNAL CAUSE WAS	21b. TIME OF INJURY	Tale HOV	WINITIPY OCCUPANT THE	NATURE OF INJURY IN ITEM 18 PART 1 OF	YES NO NO
DIVISION OF VITAL	CERTIFICATE ITING THE W DED TO THE E3 SHOULD DEPARTMEN L PRIOR TO		HOUR A.M. MONTH P.M.	DAY YEAR		VATURE OF INJURY IN HEM 18 PART I OR	CPART 2)
DIVIS	WRITING WARDED WARDED PAGE 3 SI TATE DEP	VONDERITING CAUSE OF THE CONTRIBUTING COURED WHILE AT WORK AT WORK	21e PLACE OF INJURY STREET, FACTORY, FARM, E			CITY OR TOWN	COUNTY STATE
	TOR: PORV		arge of the remains described abo			Inquiry . and in my	apınıan
	CERTIF CERTIF CUID BE DIREC WARYL	death resulted fram: No	atural causes D, Accident	50)cide	Hamicide Under	ermined manner,	11 100000
	SHOCAL SHOCAL SHOCATH ORE, /	SIGNATUR		M.S	Japa MED	ICAL EXAMINER SIG	NEO 07 7 17 195
	PAGE TO FU	EXAMISER'S NAME (TYPE OR PRINT)  BURIAL, CREMATION, REMOVA		AME OF CEMETERY OR	7 ME 00	UWARY ROAD	SIWER SARING, M
02/84 25M	BP	CREMATION	Nov. 23, 1986	CHAMBERS CL	EMATORY RI	LERMIE PGCO	. MARYLAND
	DHMH - 17	24 FUNERAL DIRECTOR	ADDRESS	to Con a	DED .	1986 Julia Derie	SIGNATURE
	(VR A15 ME (5))	CHAMBELLS MUNEY	AC HOME SIL	basiene n	(D) DECOI	1986 Pulia Deric	

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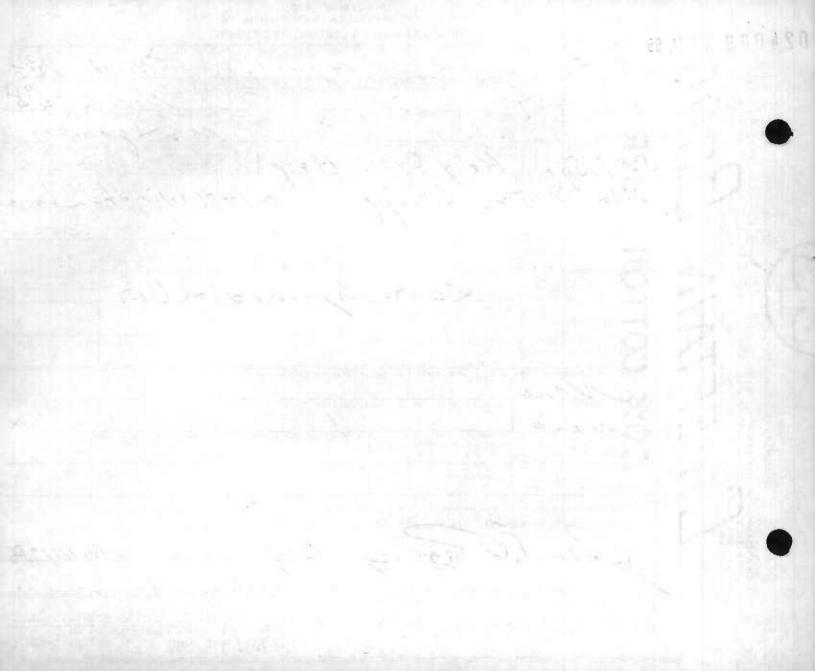


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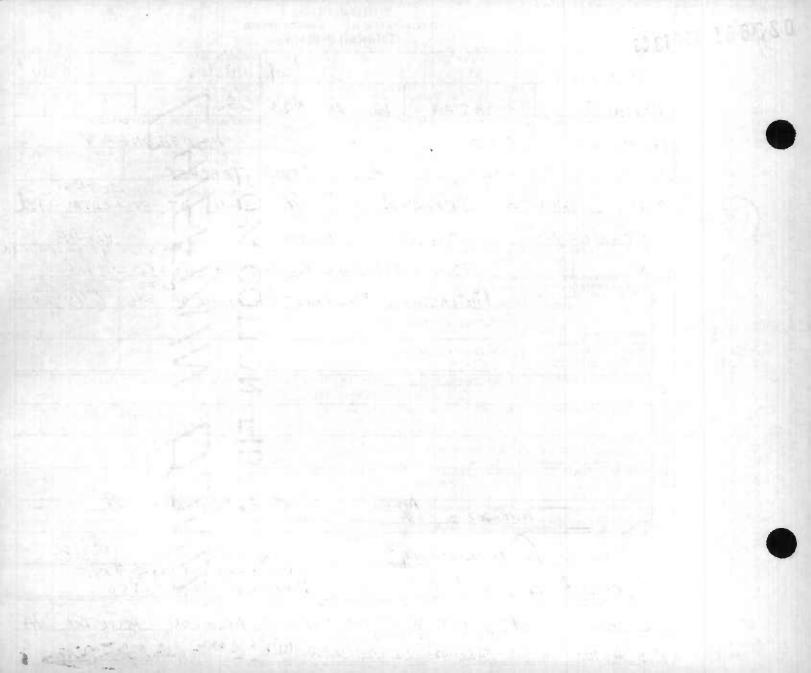
124462 NOV	9,	FOR STATE REGISTRAR		DEPARTA	MENT OF H	OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 6	3	2 5 2	
2 7 OF		CEASED NAME FIRST	DIA	MIDOLE	L.	4177-	20. DATE OF DEATH		1982 213	
pe 4 moy store, pog subser de	3. 58		4. RACE	HITE	S. DATE C	28 1911 YEAR	6. AGE (IN YEARS LAST BE	RTHDAY] I	UNDER LYEAR IF UNDER 24	HRS MIN.
Poort, Pop		IRTHPLACE (STATE OR FOREIGN COUNTRY) Virginia	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIEI WIDOWE	NEVER MARRIED	BALTIMORE CITY			MD.
by the fu	57	LUER SPRIN	& HOLY	COSS !	ADD RESS A	TAL	120. USUAL OCCUPAT		126 KIND OF BUSINESS	SOR
AND 2	Ď	ist of Col	AE OR OTHER INSTITUTION	ISC. CITY OR TOW Washin	N.	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	th St	reet S. E.	9
MARY!	17/	William	MIDDLE	Smith		Martha	MIOOLE		Witt	
IMORE,	160	WAS DECEASED EVER IN U.S.	. ARMED FORCES? S. GIVE WAR OR DATES)	578 14		John O Hi	te S	ame as	#13	
organish that the death certification by the othership of Their places is imnove carboning or to bursal cremation, or remark rightry, or other traumotic even	NOIL	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DIATE CAUSE (0)_  DUE TO, (0)_  DUE TO, (0)_  DUE TO, (0)_  NT CONDITIONS C	ORAS A CONSEQUI	ENCE OF	NOT RELATED TO THE TER		NDITION GIVE		
TAL REC	BETHECA	190 DATE OF OPERATION  210, ACCIDENT WAS UNDERLYING		OF INJURY	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIFY YES		1?
DIVISION OF VI TTENDPAG PRYSICIAN pholo or otherwing physical TOR, Ather Man, confinc- ed results and Mandal Hy 21 it marked or less 15	MEDICAL CE	71d. ACCIDENT WAS UNDERSTING OR CONTRIBUTING CAUSE O (IF EITHER NOTHY MEDICAL EXAM 21d INJURY OCCURRED  AT WORK  22a. I certify that (I) (this h saw the deceased of live obove (I) (we) (did)	F DEATH HOUR A NINER) F 21e. PLACE (AT HOME, S ospital) attended t	A.M. MONTH DA P.M. E OF INJURY TREET, FACTORY OFFICE, F	ARM ETC)	211. LOCATION STREET  19 10 d that in my our) apiniar	CITY OR T.	5WN	COUNTY STA	last
TO HOSPITAL OR A ratiolog by the holy flouid by demoked with the Sinth Dept MPORTANT. If hem	230	THE SIGNATURE  THE PHYSICIAN'S NAME TO  MYIZON  BURIAL, CREMATION, REMO		ulen IKIN		220 ADDRESS 230 WHE	DIRECTOR DAYS	CIAN	11/1/16	
BP	L	(SPECIFY) Burial	18Nov			EMETERY OR CREMATORY Hill Cemete			COUN'Marylan	d
999 GARA JE WANTER	24 F	UNERAL DIRECTROBER NAME Suitl	t E Will and Ma:	helm Fun rylandss	eral	HOME 250 DA	NOV 1 8 198	REGISTR	AR'S SIGNATURE ROAD	lace

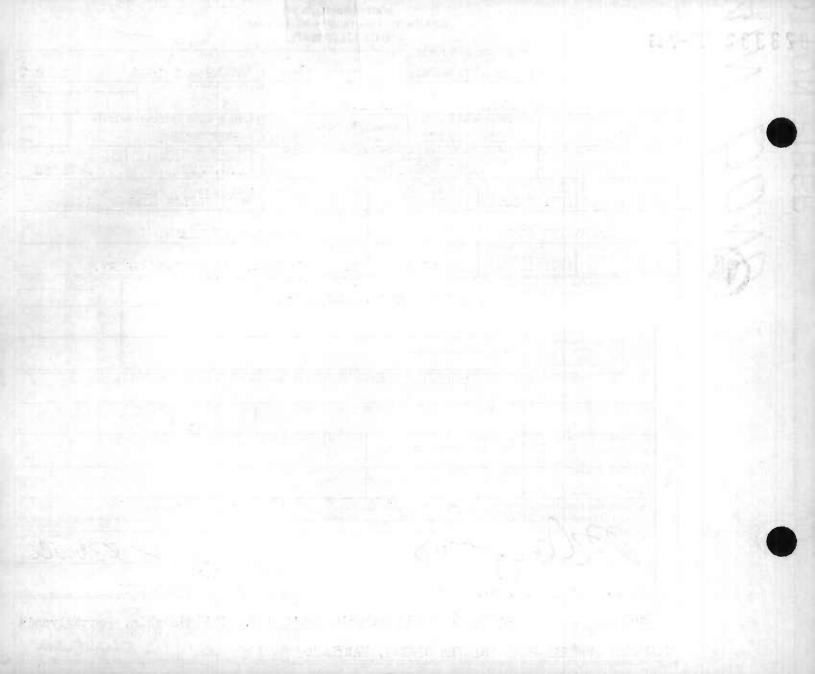


STATE OF MARYLAND - STATE S CERTIFICATE OF DEATH REG. NO LOBULASED NAME 20. DATE KNOWN TYPE OR PRINT Floud Hively DEATH MATED HE UNDER 4 HRS 2c. DATE PRONOUNCED Caucasian April 3, 1921 65 RS DEAD THE KINZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED W. Virginia U.S.A. WIDOWED . DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Salesman Automobiles USUAL RESIDENCE 13e. STREET ADDRESS THE BOOK CITY OFFICE 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Simmons Walter Sarah M. Hively 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT 16h SOCIAL SECURITY NO ADDRESS (YES, NO. OR UNKNOWN) W.W. 226-18-2521 Eloise Hively wife same as #13 18 CAUSE OF DEATH (Enter anly ane cause per line far (g), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? MENT OF YES [ 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (AT HOME, 21d. INJURY OCCURRED 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE AT WORK STATE COUNTY TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WR PAGE A SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAGI AFTER DEATH, WITH THE STATE BALLIMORE, MARYLAND, 2120 22a. I certify that I taak charge of the remains described above, held an Autapsy Inspection IX and in my apinian death resulted fram- Natural causes Hamicide Undetermined manner Suicide TITLE\_(SPECIFY) ACTUAL MEDICAL EXAMINER M.D ADDRESS 1919 Seminary Rd. Silver Spring. Md. Rogers. PE OR PRINT 230 BURIAL, CREMATION, REMOVAL 23b. Burial Nov. 15, 86 Parklawn Cemetery
Parklawn Cemetery
RAME Trancis J. Collins, Jr. Rockville Montgomery Maryland 07/B4 BP 25M 256 REGISTRAR'S SIGNATURE **DHMH - 17** dievides p. Fundale (VR A15 ME (5)) 500 University Rad West. Silver Spring.



2 200		FOR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY	CIENE 8 5	3 2 2 2 3
30 8 5 NOV	1/3	STATE	and And	CERTIFICATE OF DEATH	REG. NO.	
	I DE	CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 2h HOUR
noy be poge 3		Muriel	H	Hockersmit	11386	0524
4 mo	3. SE	×	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS (AST BIRTHDAY)	MONTHS DAYS HOURS MIN.
*6	1	EMALE	CAUCASIAN	12 28 1923	GO YRS	
# 82 85	1 B	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	MARRIED   NEVER MARRIED	9 BALTIMORE CITY OR COUN	
11 32/	16	ICHIGAN ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	WIDOWED DIVORCED DIVORCED DIVORCED DIVORCED	120 USUAL OCCUPATION	HERY M
1 5 45	R	ockyille Nd	Shadu CVC	ve Adventist Hosp	TEACHER.	GLIFE) INDUSTRY
1 11 1		AL RESIDENCE (IF NURSING HOME OF 136, COL	OR OTHER INSTITUTION. GIVE ESIDENCE BEFO	RE ADMISSION)	13e.STREET ADDRESS / ZIP CO	DDE 20848
CLAST	N	ID MOI	UTG DICKER		236/1 AT E	PHRAIM RO
【小野刀之	14. F.	ATHER'S NAME	MIDDLE LAST	FIRST	AME	LAST
	14-1	STAPILEY WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SEC	URITY NO. 17. INFORMANT	ADDRESS 2	WEBB
and one			IVE WAR OR DATES)	- 391 done il mater	7 -1.1-1	Soll MI EPITRAIN
and a per line	$\vdash$	// O	13/1/203	dal CARL HUCKET	LEF	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ficat phys pan pon ant.		PART I. DEATH WAS CAUS		TIC MALIGNANT		YE 6 12 YRS
orbo orbo		IMMEDIA	ATE CAUSE (of TETAS)	TIC THOTORRAL T	TO THOUGHT OF	0 12119
men Hen		Canditians, if any, which	DUE TO, OR AS A CONSEOU	JENCE OF		
the of emotions are tro		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQU	IENCE OF		
that the day the ease re ol, crem		underlying cause last.	(c)	SENCE OF		
signed hen plea to burio	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION	GIVEN IN PART Ita
been mit. The prior t	ATIO	19a DATE OF OPERATION	196 CONDITION FOR WHIC	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED
w ne so	CERTIFICATION				INCER	TIFYING CAUSES OF DEATH?
G PHYSICIAN: The particular physicion of this certificate by the buriol-tronsit and Mental Hygie ked or Item?18 sho	T W	210. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJURY IN ITEM )	
SICIAN: T ng physici certificate iriol-fronsi entol Hygi	14 C	OR CONTRIBUTING CAUSE OF D	LAIN .	19 ·		
PHYSICIA ending ph this certifi the buriol-th and Mentol	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	2	AT WORK NOT WHILE				
2000		220.1 certify that (1) (this has	ortal) ottended the deceased from		10 POVEMBERS	_, 19 <del>55</del> , that (1) (**) la
E 9 17 9 5			n NOVEMBER 2 191	ond that in (my) (**) apinion	death occurred on the date and h	nour and from the causes stated
0 0 0 0 0		22 SIGNATURE		DEGREE	, MEDICAL STAFF	22c. DATE SIGNED
		seneste.	Blocenul	ATTENDING PHYSICIAN	DIRECTOR PHYSICIAN	1115/86
HOSPITAL bined by the FUNERAL bould be det the the State PORTANT:		THE SHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS 14800	THYSICIA'S LANG	#232
TO HOSPITAL retained by the TO FUNERAL should be detained with the State		DOWEZ 14.	BROWN M.O.	Rocki	THE MO JO	0850
	23a.	BURIAL, CREMATION, REMOVA	L 23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
BP		BURIAL	11-7-1956 AK	LINGTON NATIONAL	110000	ACLINGON VA
DHMH - 16 60M 7/B4	Z4. F	UNERAL DIRECTOR	ADDRESS ADDRESS	NA NA	TE REC'D. BY REGISTRAR 25b. REG	ISTRAR'S SIGNATURE
(VRA 15, 4)	14	.C HILTON	CARD 55VR	LE, 12 -30838 100	guine of	Jack To Like





6025 DEC	11-	FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL HY	GIENE REG. N	V 4.	and dies a
0 0 2 0 020		EASED NAME	FIRST	Helen MIDI	DIE L		ASI Hoover	20. DATE OF DEATH	MONTH DAY YEA	R 2b HOUR
y be	LIMPE	OR PRINT)	11	EN IL		1	toover	11/29/86		445
OE OF	3. SEX			4 RACE		5. DATE O		6. AGE (IN YEARS LAST BI		
rector urs off		FEMALE	•	CA	UCASIAN	Ju	Ly 30 95	91	YRS.	AYS HOURS A
P (6 %)		THPLACE (STATE OR FO	PREIGN	76 CITIZEN OF WH	IAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DEATH	4
no 72		OHO		OJA		WIDOW		MONT	TOMERU	
s offer o	10 CfT	Y OR TOWN OF DEAT	ГН		SPITAL, NURSIN		OR OTHER INSTITUTION			D OF BUSINESS
filed filed	6	ETHESDA		CARRIA	JE HILL	- 6	BETHESDA	HOUSEL		m Home
filled in ould be	13a S1		13b COUI	other institution GIV NTY 13	Rockvi.	N	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS	ZIP CODE Way/	20852
uf >4 1	14. FA1	HER'S NAME				i oli	15. MOTHER'S MAIDEN NA	AME	2 2 2 2 2 2 3 3	1
3 42		FIRST	M	WIDDLE	SAST		FIRST	MIDDLE	m	LAST
et a	16n W/	AS DECEASED EVER II		MED FORCES? 14	SOCIAL SECU		L-LIZAT	2 <i>6-77</i> 7	FSS ///	UKPITY
pe exec	(YE			/E WAR OR DATES)	324-10-		Marjorie L.			#13.
The low requires that the death cion.  cion.  te has been signed by the attendit sit permit. Then please remove car glace prior to burial, cremation, an the way any injury, an other traumati	RTIFICATION	90 DATE OF OPERATO	ediote   the  lost.  FICANT (	DUE TO, OR A  (c)  CONDITIONS CON  19b. CONDITIO	ON FOR WHICH	COSTONE OF STATE BUT	NOT RELATED TO THE TERM	20a AÜTÖPSY? YES NO	20b. IF YES, WERE FIN CERTIFYING CAU	NDINGS USED ISES OF DEATH?
SICIAN: The gaphysicic certificate rial-transit entral Hygistern 8 sh		210. ACCIDENT WAS UNDE OR CONTRIBUTING CA	-	1100100 1 11	MONTH D	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	JRY IN ITEM 18 PART 1 OR PART	2)
HYSICIA ding ph is certif buriol-t Mentol	2	(IF EITHER, NOTIFY MEDICA				19				
offending set this set the broad A	¥	WHILE NOT WHILE AT WORK	E 🗆	21e. PLACE OF	FACTORY, OFFICE, F	ARM, ETC )	211 LOCATION STREET	CITY OR TO	YINUO COUNTY	STAT
D Aft of the off	1 1	22a.1 certify that (1) (		tal) attended the d	eceased from	Au	19 8		10	4h - TV uso
TEN TOR Soft He		sow the deceased	d olive on	11/2	8 19 4		nd that ir my (our) opinion	death occurred on the d	ate and hour and from	the couses state
ATA		Obove, (I) (we) (di	d) (did no	t) view the body oft	er death.	_	DEGREE			ATE SIGNED
tach tach	1	100	1	///		12	-/	MEDICAL STA		Laha
O HOSPITAL etcined by the TO FUNERAL should be det with the Stote MAPORTANT:		22d PHYSICIAN'S NA	ME (TYPE O	PRINTI (Maleri	MI	)	PHYSICIAN 22e ADDRESS	MEDICAL STA	CIAN   //	m/
TO H shoul	23- PI	IRIAL, CREMATION, R	J. C	1224 DATE	122 .	IAME OF C	OBUS COMM	100. CM	eug unese	11/6-
BP	(S	Burial	EMOVAL	23b. DATE 12/1/8		prest	EMETERY OR CREMATORY  Lawn	23d LOCATION CITY OR TOWN COlumbu	s, Ohio	STATE
	24. FUI	VERAL DIRECTOR .T	oseni	Gawler'	s Sons.	Inc.	25a. DA	TE REC'D. BY REGISTRAR		VATURE
DHMH - 16 60M 7/84	51	30 Wiscons	in A	re MW Wasi	ADDRESS	DC	20076		Astin Kinds	

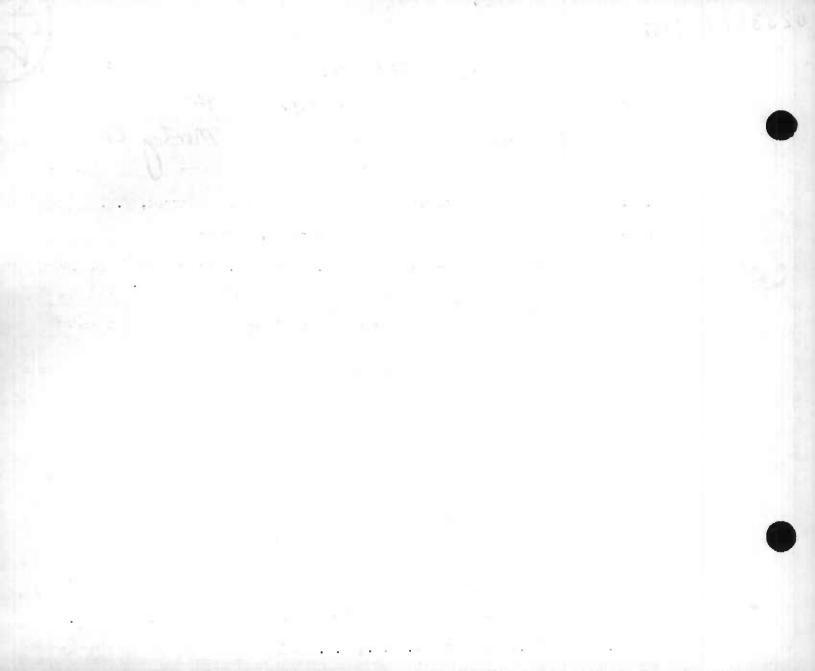
STATE OF MARYLAND

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23598 NOV	京	FOR SATE : REGISTRAR			DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 6	<b>3</b> .	2 3	20
Lessue 1/20/87		CEASED NAME	FIRST		WIDDLE		AST	20. DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
3 344	-	· ON TRICKI	Marvi	n	В.	Но	pkins	November	04	86	6:12 pm
4 mo	3. SE	x Male		4. RACE		5. DATE C	ቦላሃ ገ'6ጎግ	6. AGE (IN YEARS LAST BIR	THDAY) IF UI	HS DAYS	IF UNDER 24 HRS
direct	7.0 B	RTHPLACE (STATE OR	142-1903	Caucas	WHAT COUNTRY?	Janua	ary 01, 1911	9 BALTIMORE CITY C	YRS.	DEATH	
Signature of State of		Virginia		United	States	WIDOWE		Montgo	mery Cou		MD.
The state of the s		Olney		Montg	omery Gen	eral	ROTHER INSTITUTION Hospital	TYPE OF WORK FOR MOST C  C.P.4A.	OF WORKING LIFE)	NDUSTRY	F BUSINESS OR U.S. Guard
24 hou	13M	AL RESIDENCE (IF NURS STATE aryland	Mont	Somery other institution	ROCKVIL	le admission		5 Bel Pre	ZIP CODE Court	2085	53
La Sal	14 F.	ATHER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NA/	ME MIDDLE		LAS	
/ Sample of		Vivian		S.	Hopkin		Member			ichana	an
n and c Pages		NAS DECEASED EVER YES, NO OR UNKNOWN) Yes	(IF YES, GIV	MED FORCES? E WAR OR DATES)  J. II	578 10 2		Bessie W. Hor	(Wife)	me as #1	3.	
NG PHYSICIAN. The low requires that the critical physician and completely filled from the burial-transit permit. Then please remembers. Pages 1 and 2 shortal in and Mental Hygiene prior to burial, crements.		18 CAUSE OF DEAT PART I, DEATH W	AS CAUSE	ly one couse pe D BY: E CAUSE (0)	r line for (o), (b), or DIC	d (c).)				BETWEEN	nate interval onset and death hrs
roumotic		Conditions, if ony	, which	DUE TO, C	Phe umon	ENCE OF				2 1	wks
that the the red by the red corother t		couse (a), statis underlying couse	ng the	107			ll carcinom				wks
requires en signe or to bur y injury, o	NOIT						NOT RELATED TO THE TERM				
The low icion.  The hos be sait permit grene principle shows on	CERTIFICATION	Oct 8,			cinoma,		n was performed nt lung	200 AUTOPSY?	20b. IF YES, WIN CERTIFYING	ERE FINDING CAUSES	GS USED OF DEATH? NO
SICIAN: The lo ning physicion. certificate has uital-tronsit per tental Hygiene F Hem 18 shows of		210. ACCIDENT WAS UNI	CAUSE OF DEA	TH HOUR A	DE INJURY .M. MONTH D .M.	AY YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1	OR PART 2)	
G PHYS cer this cond Me but wed or H	MEDICAL	21d. INJURY OCCUR	HILE [	21e PLACE	OF INJURY REET, FACTORY, OFFICE,	FARM ETC )	211 LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
TENDIN rol or or OR. Aft or use os if Health		220.1 certify that (1) saw the decease	(this hospi	nov.	deceased from 19	Octob	er 7 1986  nd that in (my) (our) opinion of	to Nov. 4		86 d from the	that (I) (we) last
AL OR AT the hosp AL DIRECT letoched f erte Dept. o		obove, (I) (we) (a 726. SIGNATURE			ofter death.		DEGREE ATTENDING PHYSICIAN [	MEDICAL STA	FF	22c. DATE	
TO HOSPITAL etoined by the TO FUNERAL should be determined by the State.		22d PHYSIÇIAN'S N. Sol			Julian T.	Coggi	18101 Prince			-	
5 5 5 ₹ ¥ ₹	23a.	BURIAL, CREMATION,					EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN		UNITY	STATE
BP		Burial		Nov. 7	, 1986 Pa	rklaw	n Memorial Par	kRockville	Montgon	nery 1	Maryland
DHMH - 16 60M 7/84 (VRA 15, 4)	24 F				phrey Fur e, Bethes		Homes, P. 250 DAY	V 1 0 1986	256. REGISTRAR	SSIGNAT	- Randale
(,,,,,	A.	, /JJ/ WIS	COHST	ii Aveilu	e, Deciles	ua, M	aryrand				

02859 1. 12.88

3347 NOV	10	FOR SATE REGISTRAR	DEI	. STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE REG. NO	3 2 3 2 1
nay be page 3	1. DE	CEASED NAME FIRST	GE R.	HORNSBY	20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR 11-3-86 12.404m
ge 4 maj ectar, pa	3. SE	Male	Black.	5. DATE OF BIRTH  MONTH  3 - 8- 1894	6. AGE IN YEARS LAST BIR	YRS.
de la	N	RTHPLACE (STATE OR FOREIGN COUNTRY)  W por News	7b. CITIZEN OF WHAT COUL	MARRIED   NEVER MARRIED     WIDOWED   DIVORCED	mo	COUNTY OF DEATH  MD.
by the filled with	1	Betheo da.	GYOS VENUY	Health Care Center	12a. USUAL OCCUPATE ITYPE OF WORK FOR MOST O Unknown	F WORKING LIFE) INDUSTRY
filled in hould be	13a	AL RESIDENCE (IF NURSING HOME STATE 136 CO	UNTY 13c. CITY O	r town   13d. INSIDE CITY LIMITS?	1833 S St	
and 2 s		ather's name <sub>first</sub> Unknown	MIDDLE LA	Nettie	V. Hornsby	LAST
Jane dico			GIVE WAR OR DATES)	17. INFORMANT 26-5063T Mrs. Aret	hia/ H. Carey	/niece/2416 Portsmout
signed by the attending physical place remove carbon per to buriol, cremation, ar remove niury, ar ather traumatic event	NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CON	SEQUENCE OF	RMINAL DISEASE OR CON	DITION GIVEN IN PART 1(0)
permit.	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR V	VHICH OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
CCTOR. After this certificate It der use as the burial-transit. Or Health and Mental Hygie m 21 is marked ar ttem 18 sha	MEDICAL CERT	saw the deceased-alive above, (1) (wee (JRd) (did-	DEATH HOUR A.M. MONT	H DAY YEAR 19 2II. LOCATION DEFICE, FARM, ETC.)  Tom ond that in (my) our opinion	URRED (ENTER NATURE OF INJU	COUNTY THAT IS PART I OR PART 2)  THAT IS A STATE OF THE COURSES STATED
retained by the hasp TO FUNERAL DIRECT should be detached for with the State Dept. a IMPORTANT: If them 2	C	27d PAYSICIAN'S NAME (1VP	7. WARD	ATTENDING PHYSICIAN 276. ADDRESS \ 6/16/RAMMY	DIRECTOR PHYSIC	Settles 20819
BP 199		BURIAL/CREMATION, REMOV. (SPECIFY) Burial	236. DATE 11-6-86	23c NAME OF CEMETERY OR CREMATOR Lincoln Memorial	Suit1	
MH - 16 50M 4/83 (VRA 15, 4)	24. F	UNERAL DIRECTOR John T. Rhines	Co.,3015 12th	250. D PriSt. N.E., D.C. 2001	ATE REC'D. BY REGISTRAR	25b. REGISTRAR'S SIGNATURE



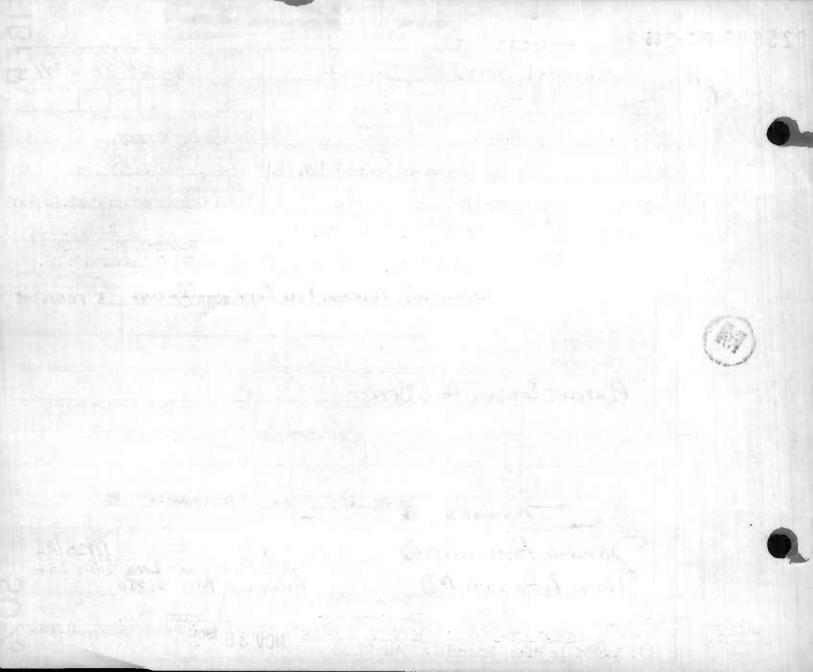
025493 DEC	FOR STATE FEGISTRAI	3	STATE OF MARYLAND 8 6 3 2 3 2 3 2 3 2 3 2 3 2 3 2 3 2 3 2 3									
	1. DECEASED NA	ME FIRST		WIDDLE	LA	SI		20. DATE OF	DEATH M	ONTH DA	Y YEAR	26 HOUR
y be		Frank		L.		Horowitz				1/24/		6:47PM
e 4	3 SEX		4 RACE		5. DATE OF BIRTH MONTH DAY YEAR			& AGE (IN YE	ARS LAST BIRTH		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
960	Male		White 76 CITIZEN OF WHAT COUNTRY? U. S. A.		April 15 1903  MARRIED NEVER MARRIED NORCED DOWNCED			83		YRS		
Confident. P	Poland							Montgomery County MD.				
10 10	The second	hesda	(IF NO SUB	Surban Ho	spital				CSerwor Depar	WORKING LIFE!	INDUSTRY	York City
AND 21:	USUAL RESIDENCE (# NURSING HOW 130. STATE 130. CC Maryland =Mo			Rockvill	e YES X NO			13e.STREET A			ad	20852
MOKE MARYLAND  within 24  modern pletely filler  bod 2 st mid  medical complete  med	Israel		MIDDLE	Horowitz		Sar		ΛE	WIDDLE		LAST	Cohen
Thore those	Yes, NO OR UNK	NOWN) (IF YES GI	VE WAR OR DATES)				neth S.	Horowitz, Silver			Sprin	g. Md.
S. 20) W. PRESTON ST., BAN DELY ST. THE CONTROL OF CON	Canditions gave rise cause to underlying	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE										NSET AND CEATH
WISION OF VITAL RECORD ACTIVISTICAL THE SECENSISTER THE TIME THE ACTIVISTICAL THE TIME THE THE TIME TH	190 DATE O	190 DATE OF OPERATION		ITION FOR WHICH	OPERATION WAS PERFORMED			20a AUTOI	PSY?		WERE FINDING CAUSES	
	OD CONTRAIN	IT WAS UNDERLYING [ ITING ] CAUSE OF DE IOTIFY MEDICAL EXAMINE	ATH HOUR A	OF INJURY .M. MONTH DA .M.	AY YEAR	21c HOW IN	IJURY OCCURR	ED (ENTERNAT	URE OF INJURY	IN ITEM 18 PAR	T I OR PART 2)	
	WHILE	OCCURRED  NOT WHILE  AT WORK	(AT HOME ST	OF INJURY REET, FACTORY, OFFICE F		211 LOCATION			CITY OR TOW		COUNTY	STATE
OK ATEMORY  OK ATEMORY  W Kospital or  Disection. A  Copie of Health	22a I certif saw th abave 22b.	270 I certify that (I) (this haspital) attended the deceased fram  sow the deceased alive an abave. (I) (we) (kid) (did not) view (2) body after depth.  DEGRE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D										that (I) (we) last causes stated
HOSPITAL med by th FUNERAL old be deal title State	22d. PHYSIC	TAN'S NAME (TYPE	ORPRINT)	e	<i>P</i>	22e. ADDRES	5		PHYSICIA	AN []	OCKUN	14/8C
2	230 BURIAL, CREA	MATION, REMOVAL	123h DATE		NAME OF CE	METERY OR CI	CREMATORY EMETERY	23d LOCAT	ION	UNCTIO		NEW SERSE
	24DONALDIRE	MIOR STEIN	HEBREW	MEMORIAL	FIINF	RAI, HON	TE. 250. DATE	REC'D BY RE	GISTRARIS	B. REGISTRA	RESIGNATI	JRI.
DHMH - 16 60M 7/B4 (VRA 15, 4)				W., WASHI				3 6. MM	guli	Devido	m-Spile	Serie .

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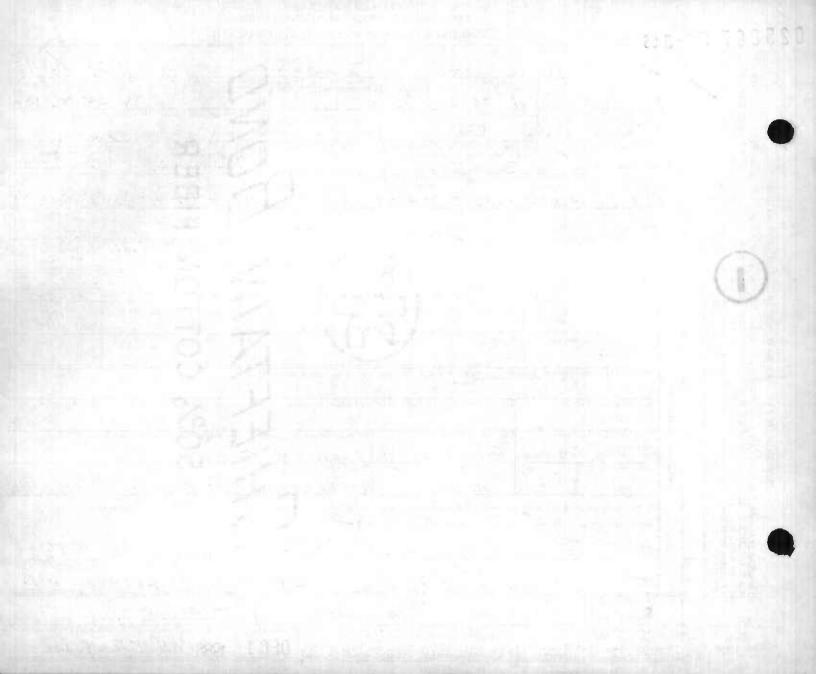
NOV 26, MER JULY Links Project

	1.	FOR STATE		DEPARTI	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYC	SIENE 8 6	5 %	3 6 7
126039 DEC-4	86	REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO	<b>5</b> .	
, 2 0 0 0 0 0 0 0	1. DE	CEASED NAME A FIRS	T	MIDDLE	·	AST			YEAR 2b. HOUR
the be	(TYPE	OR PRINT)	FN 6		Han	n i/		11-29-	86 7:50 Am
may be page 3 ter death	3. SE2		4, RACE	-ouise	5. DATE C	CK	6. AGE (IN YEARS LAST BIRT		
after a			4. KACE		MONTH	DAY YEAR	6. AGE (IN TEAKS LAST BIKT	MONTHS	DAYS HOURS MIN.
ige ige	1	EMALE	WHITE		04	08 1910	76	YRS.	
d 50 20 70 1	7a. Bi	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DEA	тн
\$ \$C \$ \$	M		USA		WIDOWE		MONTGON	1ERY	MD.
3 3 3 3	10. CI	TY OR TOWN OF DEATH				OR OTHER INSTITUTION	12a. USUAL OCCUPATIO	ON 12b. K	IND OF BUSINESS OR
15 th the state of	G	AITHERSBURG		th FACILITY, GIVE STREET AWlings R			Housewife	WORKING LIFE) INDU	JSTRY
21201 hours of d in by	ÚsÜ/	AL RESIDENCE (IF NURSING HO	ME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	4		0	) -m / /
24 h	13a. S		ONTGOMERY	GAITHERS		13d. INSIDE CITY LIMITS?	130. STREET ADDRESS	21001	)/6/
MARYLAND ed within 24 mpletely filler and 2 should kagniner mus		THER'S NAME	ONIGOMERI	BALINEKS.	DUKG	YES X NO 1	1111 Rawling	s Rd.	700
ARY will will	9	FIRST	MIDDLE	LAST		FIRST	WIDDLE		LAST
Torm I or	_	NDREW	L.	KRISE		MARY	Α.		SPEAK
OR dico	(1	VAS DECEASED EVER IN U.S	ES. GIVE WAR OR DATES)	166 SOCIAL SECL		17 INFORMANT	ADDRE	55 Frederic	ck, MD 21701
BALTIMOR	N	0 1	N/A	220-26-0	0517A	Carroll Hou		Market St	t,,
BAL of.		18 CAUSE OF DEATH (Ent	er only one cause per	line for (a), (b), an				BE.	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
;		PART I. DEATH WAS CA	DIATE CAUSE (b)	PIDERM	MA	RUNOMA OF	LEFT LUN	6	Lanos
PRESTON ST ne deoth cer e attending emove carbon mation, or rem		10.00	DUE TO O	R AS A CONSEQU	NCE OF				
STC leot		Conditions, if ony, which		M AD A COMBLUIO					
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W.  by the cree cathe athe		underlying cause las	DUE IO, O	R AS A CONSEQUI	NCE OF			2000	
201 peed I priced I		PART 2 OTHER SIGNIFIC	(c)	ONITRIBLITING TO	DEATH DUT	NOT RELATED TO THE TERM	INAL DISEASE OF CONT	DITION CREATING	407.1
	Z	B. 10	OF THE STATE OF TH			0. 2/0000	MINAL DISEASE OR CON	JITION GIVEN IN P	AKT 110
RECORDS.  I law requii as been sig	ATIC	190 DATE OF OPERATION	UBS (I QUEL		OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE	FINDINGS LISED
REC os bos bos bos bos bos bos bos bos bos b	CERTIFICATION	IND. DATE OF OTERATION	170 COND	morr or milen	OFERATIO	T WAS TEN ONNED		IN CERTIFYING CA	AUSES OF DEATH?
VITAL RE NN: The lo hysician. icate has ransit per Hygiene I B shaws	ERTI	21a. ACCIDENT WAS UNDERLYIN	IG T 21b. TIME C	E INTUINE		Tale HOW IN HURY OSSUE	YES NO	YES 🗌	NO 🗍
fron trong and t		OR CONTRIBUTING CAUSE			AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 ORP	ART 2)
ON OF IYSICIA ding ph ding ph burial-th Mental	CA	(IF EITHER, NOTIFY MEDICAL EXA	MINER) P.	M.	19				
1 2 2 3	MEDICAL	21d. INJURY OCCURRED	/AT HOME ST	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC )	211. LOCATION STREET	CITY OR TO	wn cou	NTY STATE
DIVISI ING PI After th as the Ith and arked	~	AT WORK NOT WHILE					4.		
C A A A A A A A A A A A A A A A A A A A		220.1 certify that (1) (*his	hespital) attended th	e deceased from	CTUR	R 28 , 1986	, to Vo Vembel	19 8	, that ++ (we) last
TTEr TOPITO For af H		saw the deceased olivebove, (H) (we) (did) (d	id not) view the body	otter death	, or	nd that in (mg) (our) apinion	death accurred on the do	ste and haur and fro	om the couses stated
OR A DIREC Sched Dept. f Hem		29 SIGNATURE		(		DEGREE	5 1. 35	22c.	DATE SIGNED
1 + 1 + 0	0.01	James 4	,1000	HALLALLA	1	ATTENDING	MEDICAL STAF	FIAND 11	1/29/26
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O HOSP etoined TO FUNI should b with the With MAPORTA	255	Y AMAK 1	. BROW	W AIR		Doru	WILL MY	20810	200
of of start	230 0	URIAL, CREMATION, REMO			LAME OF C	EMETERY OR CREMATORY	123d. LOCATION	20010	
no.	12	SPECIFY) URIAL					CITY OR TOWN	COUNTY	
BP			12/2/		ewisto	wn Cemetery	Lewistown		
DHMH - 16 50M 4/B2		NAME	DOUGLAS S	WDDKE22		250. DAT	1000	256 REGISTRAR'S SE	
(VRA 15, 4)		1621 Opossumi	town Pike,	Frederic	ck, MI	21701 DE	3 1300	Julia Davida	m. Kandalle

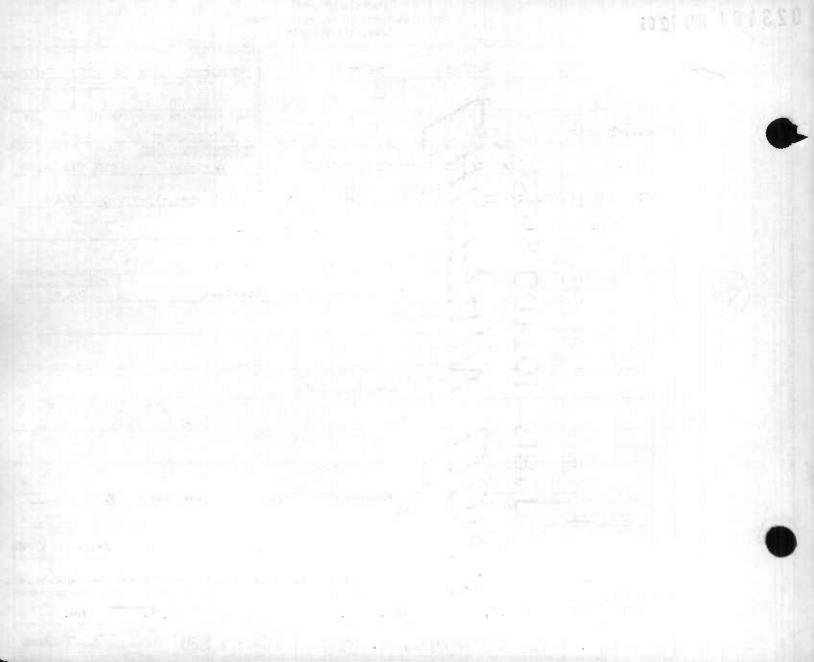
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0 2 0 0 0 0 0 0 0	1 DECEAS	EDNAME	FIRST		WIDDIE		LAST	2	a. DATE OF DEATH		YEAR	2b HOUR
og pe	ATYPE OR PR		mue	1 (Nn	nT)	Tr	off	HA.	1,	1 24	86	2341 M
No ap	3 SEX			4. RACE		5. DATE	OF BIRTH	6.	AGE (IN YEARS LAST BIRT	HDAY) IF U	INDER 1 YEAR	IF UNDER 24 HRS
s of safe	Ma	le l		White	e	May			68	YRS.		
P 2 P P	COUNT	PLACE (STATE OR	FOREIGN	76. CITIZEN OF		MARRIE	NEVER MARR	NED 9	BALTIMORE CITY O	R COUNTY OF	DEATH	
of Amin 7	Wash	.,D.G.		U.S.A		WIDOW			Montgomery			MD.
事 等	##ECITY C	R TOWN OF DE	ATH			STREET ADDRESS	OR OTHER INSTITUT	1111	TYPE OF WORK FOR MOST O	WORKING LIFE)	INDUSTRY	F BUSINESS OR
20 se fe		ville	SING HOME OR	Shady	GOV-	E Adve	ntist Nog	2) 16/18	elf-Employ	ed (Reti	.) Tru	cking Co.
10 2 24 ho	13a STAT	E	13b COUN	ITY	13c. CITY O	RTOWN	YES NO		1100/ Coim		ah Doo	4 (2005/.)
Ahin Short	Mary 14. FATHE		Mont	gomery	Poton	IBC	15. MOTHER'S MA	IDEN NAME	11904 Gair	Sporous		
MAR mplet	J	oseph	/	MIDDLE	Inof	f	He1en		MIDDLE			nberg
ORE,	Ida WAS	DECEASED EVER	IN U.S. AR	MED FORCES?	10000	L SECURITY NO.	17 INFORMANT		4Port	omac, I	Md. 20	854
TIMOR on and S. Page	Yes	O OR UNKNOWN)	[WW]	WAR OR DATES)	577-4	6 -0590	Sylvia	Inoti;	Wife;11904	Gains		
BAL cate cate apper oval. nt, th	18.4	CAUSE OF DEAT	H (Enter onl	ly one couse per	line for (o),	(b), and (c).)		. 1	- 0	1		MATE INTERVAL
IST.,			IMMEDIAT		I ETAS	TATEC A	LIEOLAR GE	FILLA	REMONAND	LUNG	5 r	MONTHS
PRESTON CO.	C	anditions if any		DUE TO, C	R AS A CON	SEOUENCE OF						
F (64)	go	inditions, if ony ove rise to im- use (a), stati	mediote	DUE TO O	B AS A CON	SEQUENCE OF		27				
		derlying couse		(6)	AS A CON	SCOULINCE OF						
S, 20		RT 2 OTHER SIG	NIFICANT	ONDITIONS C	ONTRIBUTIN	G TO DEATH BU	NOT RELATED TO	THE TERMIN	AL DISEASE OR CON	DITION GIVEN	IN PART 110	
ORD requestration or to	Į į		TET.	STORNE	E HOO	The second second			20a AUTOPSY?	20b. IF YES, W	TERE EINIDIN	ICC LISED
REC.	F 140	DATE OF OPERA	TION	TYD COND	ITION FOR V	VHICH OPERATION	ON WAS PERFORME	U		IN CERTIFYIN	IG CAUSES	
VITAL N: The hysiciar honsif pronsif property	CERTIFICATION 1510	ACCIDENT WAS UN	IDERLYING	216. TIME C	OF INJURY		21c. HOW INJURY	OCCURRE	YES NO (ENTER NATURE OF INJU	YES [		NO []
	00	CONTRIBUTING			.M. MONT	H DAY YEAR	1000					
DIVISION OF  NG PHYSICIA  offending pl	2	INJURY OCCUR		21e. PLACE	OF INJURY	OFFICE, FARM, ETC.)	211 LOCATION		CITY OR TO	wn	COUNTY	STATE
Offer the hand	AT V	VORK AT WO	ORK L								0	
NDIN IS AS	22a	I certify that (I	) ( <del>Mas-hospil</del>	ottended the	he deceosed		26	986	10 November			that 😝 (we) last
ATTE Sepute differ m 21		sow the decease above. (1) (well	ed olive an	t) view the body	ofter death.	19 50		apinion de	oth occurred on the de	ote and hour ar		
OR he	15	ATURE		Ran			DEGREE		MEDICAL STAL		226. DATE !	5/8/
by the by the by the by the best of the be	274	PALICIAN'S N	AME (TYPE O	REPRINT)	mm	nus	27e ADDRESS	CICIAN X	PLANCE PHYSIC	s LANE	CIT	232
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0 g 0 g 3 g		AL, CREMATION	REMOVAL	23b DATE	,	23c. NAME OF	CEMETERY OR CREM	AATORY	23d LOCATION			STATE
BP		mation		11/26/	<b>'86</b>	Lee Cr	ematory		Washingto	n, D.C	•	
DHMH - 16 50M 4/83	24 FUNE	RAL DIRECTOR T	DANZAN	SKY-GOL	DBERG	MEMORIA	L CHAPELS	25 NATE	REZD BY HUDO AR	256. REGISTRA	RIS GIGNATI	Hendalb
(VRA 15 4)	1 117	1 Poctor	110 P	ika. Ro	ckvill	e Md.	20852	1101	_			



8		1	ion.				TE OF MARY		5 6	3 2	2 5 5
025	0.07 000		STATE			EPARTMENT OF			DEATH	/	
0 7 2 1	D U / DEC		ROUSTRAN	FIDST		WIDDLE	IER'S CERTI	IFICATE OF		REG. NO.	
		(119	TASED NAME	P 4		MIDDLE	LASI	00	20. DATE KNO OF ES DEATH MA	OWN MONTH	DAY YEAR 26. HOUR
	C HEERS	/		>V/Vic	~	K	Th	0++		TED	28 1986 10PM
	<b>元四日日日</b>	3. SEX	4. RACI	S. DA	ATE OF BIRTH	6. AGE (IN Y	EARS IF UNDER 1 Y		4 HRS 20 DATE MIN PRONOUNCEL	MONTH	DAY YEAR Ad. HOUR
	0.700 kg	2 7	te C	- 1	1 30	22 631	RS.	THOUSE THE PROPERTY OF THE PRO	DEAD	11	28 1986 10 PM
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	85-5 14	W	ashingto	a, D. ¢.	USA	A	WIDOWED .	DIVORCE		ntany	need MD.
	MAGE 5 AGE 5 MINE PU	10. CI	Y OR TOWN OF DEA	.TH 11. N		ITAL, NURSING HOM	E, OR OTHER INST	TITUTION	120. USUAL OCCUPATI		176. KIND OF BUSINESS OR INDUSTRY
	ATA BE	123	appeado	(1)	F NOT IN SUCH FACE	LITY, GIVE STREET ADDRESS)			Volunte	er	Charities
-	POST DE STORE DE STOR		L RESIDENCE (IF IN NUE		R INSTITUTION, GIVE						DAVICE.
120	AND 3 AND 3 RETAIN GOULD RECORD	13a. S		MANITGO.	10000011	PO TO MA	C. YES		11904 (Y	+INS BO	The second
0.3	F ENDINE		THER'S NAME	MONIGO	MERY	PO TO MA				TINS 13 C	KOUWH /11
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0 88	明明等者を	140. \	Joseph /AS DECEASED EVER	INITIS ARMED E	ORCECA	Klein	CV NO 17 INE	Bessie	7 . 1 .	DDBESON	Israel
1	1000 /	(YI	S. MOR UNKNOWN)	(IF YES, GIVE WAR OR					rairia	MRESSN.J.	, 0/410
3/	A STEER					578-20-894	ii Dai	Le M. Be	llisfield;	#/ Balla	
A	3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		18 CAUSE OF DEAT PART I DEATH W	1 (Enter only one	cause per line fo	or (a), (b), and (c).)					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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PRESTO	ENCIL IN IT MINER ALC TRANSIT P INTAL HYGOR REMOV		4 10 2	(	DUE TO, OR A	S A CONSEQUENCE	OF /				11
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DIVISION OF VITAL RECORDS, 201 W.	SHOULD BE EXECUTED DRD "IN PROPERTY IN PROPERTY OF HEALTH AND MEIL TO F HEALTH AND MEIL URIAL, CREMATION, (		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIB	UTING TO DEATH BU	IT NOT RELATED TO THE TER	AINAL OISEASE OR CONF	DITION GIVEN IN PART	1 (0)		
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	TSSAGE							1	CH 10 101	om He	TITON TOTAL
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	WE WE WE		death resulted from	Platural cau	1	Accident L., S	uicide H	lamicide 🔲,	Undetermined monne	r,	, ,
	A VECRE		ACTUAL	= (	1///	2. 1/1	A TIN	LE (SPECIFY)		DATE	11/20/08
	A HE SEE HE		SIGNATURE	Cours	ensu	agour	M.D	Sept	_MEDICAL EXAMINE	R SIGNI	ED 11 24/ 8 6
	WO S DE S D	1	EXAMINER'S NAME	Lan.	1001	Moure	,	558200W	100 10 1	R-	2081 FMX
	TO MEDICAL EXAMINER: THE EKECUIT THE CERTIFICATE. VECUIT THE CERTIFICATE. TO FUNEAL DIRECTOR: PARTENDE STATINORE, MARYLAND, 2		(TYPE OR PRINT)	I WITH C	10 0	1111448				V FRETII	050 pc 11(1)
	F M G F ≪ G	23a.Bl	Cremation, RI		1-1986		METERY OR CREM		23d LOCATION CITY OF TOWN	cou	NTY STATE
07/84 25M	BP	04.5		12-			Cremator			gton, D.C	
23/11	DHMH - 17		INERAL DIRECTOR			ville, Mar		050	C'D. BY REGISTRAR	5b REGISTRAR'S	
	(VR A15 ME (5))	Dat	nzansky-Go	Ldberg C	hapels;	1170 Rock	ville Pi	ke DEC	1 1986	Julia Davido	on-Kandaek



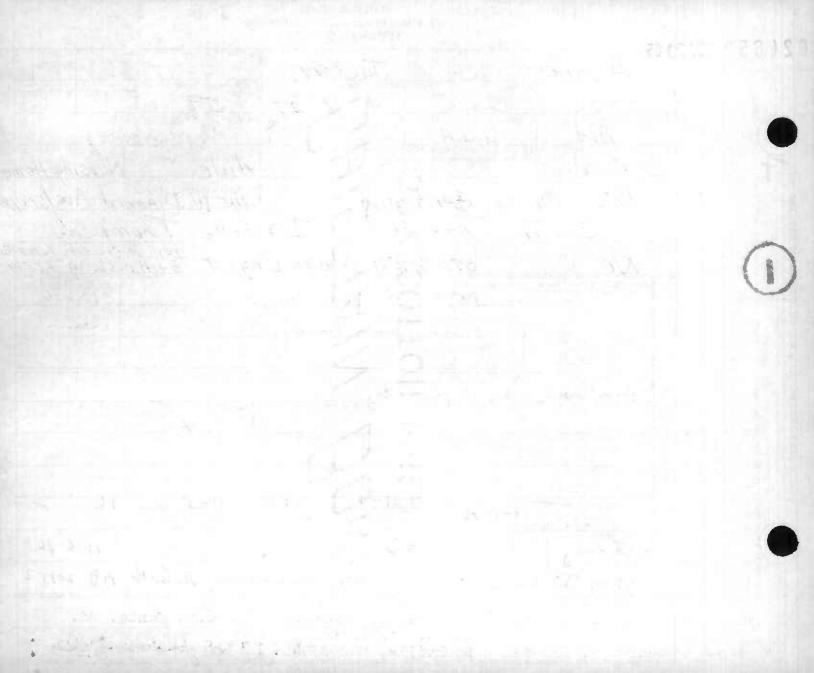
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		CEASED NAME FIRST	MIC	DDLE	ı	AST		20. DATE OF DEATH		AY YEAR	26 HOUR
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os of o	L	Male	Whit	æ	03	25	1918	6	8 YRS	DATS	HOURS MIN.
in 72 hou	Pe	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WI	HAT COUNTRY?	MARRIEI WIDOWE	NEVER A	MARRIED	9. BALTIMORE CITY  Montgon	OR COUNTY	OF DEATH	MD.
by the fulled with		olney	Montgon	ACILITY, GIVE STREET	ADDRESS)			Retire	NAGER LIFE		CLEANING
2 should be in	I	ATHER'S NAME	OTHER INSTITUTION, GITY  TGOMETY  MIDDLE	VERESIDENCE BEFOR		15. MOTHER	NO 🔀	13e.STREET ADDRESS 1211 Mac	molia	Road 2	20904
omple L		WORTHINGTON	-	IRELAND			ERTHA		FELD	OING A	<b>51</b>
Pages		VAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (IF YES GN WWII	E WAR OR DATEST	66. SOCIAL SECT 579–10–		EILEI	EN IREL	AND SAME		3	
ed by the ott mill please remove trial, cremation of , or other froumati		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT C	DUE TO, OR A	AS A CONSEOU	ENCE OF	November					
Then to bu	NO.			TRIBUTING TO		iomyop4			ADII ION GIVE	EN IN PART TO	0
te has been sit permit.	CERTIFICATION	19g DATE OF OPERATION	196 CONDITI	ON FOR WHICH	OPERATIO	WAS PERFO	DRMED	20a AUTOPSY?  YES □ NO 🏖	IN CERTIFY	, WERE FINDII YING CAUSES	NGS USED S OF DEATH?
S certificate burial-transi	MEDICAL CE	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M.	MONTH D	AY YEAR			RED (ENTER NATURE OF IN	URY IN ITEM 18 PA	ART I OR PART 2)	
After this e as the bi aith and A marked ar	MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF	T, FACTORY, OFFICE,	FARM, ETC )	211 LOCATION STREET	JN	CITY OR	OWN	COUNTY	STATE
DIRECTOR: sched for us Dept, of He f Hem 21 is		220.1 certify that (1) (this base) saw the deceased alive an above, (1) (material) (did no 22b SIGNATURE	t) view the body of		86 , or	DEGREE	( <del>our)</del> opinian	death occurred on the	dote and haur	22c. DATE	SIGNED
etoined by the TO FUNERAL should be deto with the State		224 PHYSICIAN'S NAME (TYPE O				22e. ADDRES	S	MEDICAL ST.  MIRECTOR PHYS			regular 2096
€ ₽ € § <b>E</b> /	23a. l	BURIAL, CREMATION, REMOVAL		23ε.		EMETERY OR O	CMATORY	LAUREL			D. STATE
HMH - 16 60M 7/84 (VRA 15, 4)		INERAL DIRECTOR RANCIS H. BARBI	ER LAYTO	)NSVILLE	, MD.	20879	250. DAT	PERECID. BY REGISTRA 7 1986	25h. REGISTR	Dender	Pandaek

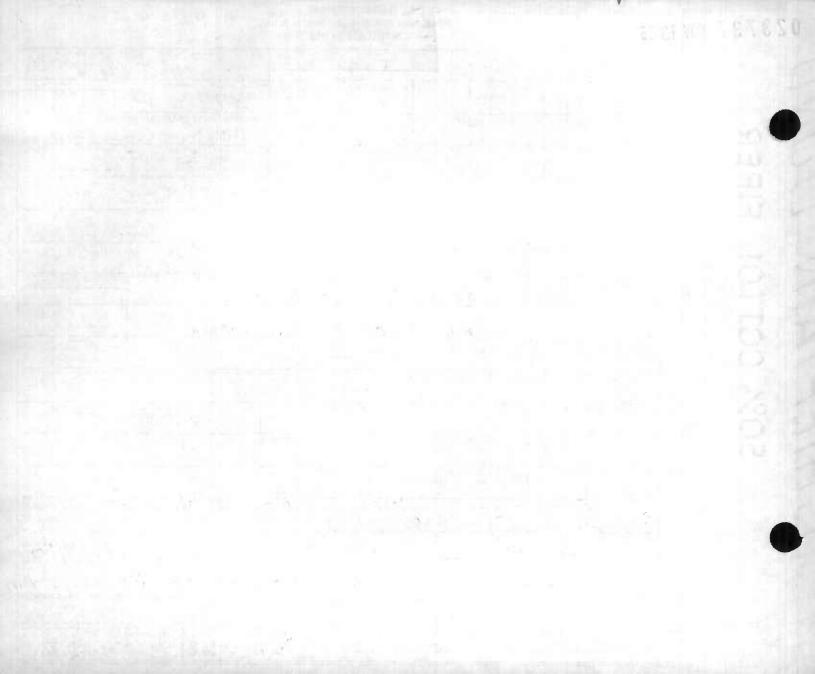


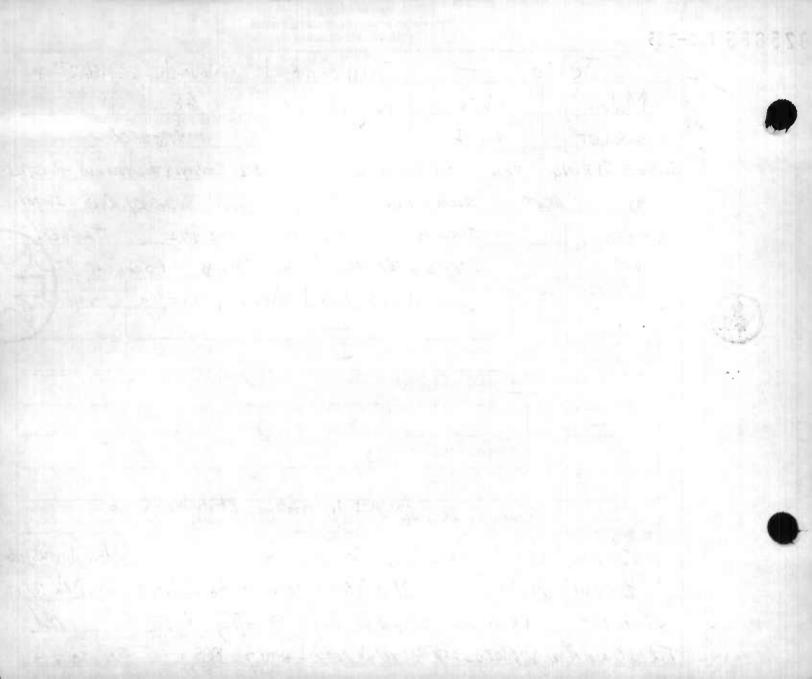
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		REGISTRAR CEASED NAME FIRST	WIDDIE		ICATE OF DEATH	RE 2a DATE OF DEA	G. NO TH MONTH D	AY YEAR	2b HOUR
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moy pod	3. SE		4. RACE	1	OF BIRTH	6. AGE (IN YEARS LA	AST BIRTHDAY)	FUNDER I YEAR	IF UNDER 24 HRS
ge 4		<b>†</b>	WHITE	I III	KNEWH	57	YRS.	DATS	MIN.
h. Po	70. B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COU	NTRY? 8.	D NEVER MARRIED	9. BALTIMORE CI	TY OR COUNTY	OF DEATH	
deot hin 7		TORDAN	454	WIDOW		7 - 7 - 4			MD.
by the filled with	1	COCKVILL &		Adventis	1 11	TYPE OF WORK FOR M	AOST OF WORKING LIFE		OF BUSINESS OR
AMP THE IN THE PARTY OF THE PAR	130	11111/6111 20 01	NTY IS TUTION, GIVE RESIDENCE NTY		13d. INSIDE CITY LIMITS?		ESS / ZIP CODE BARDER	2000	र्द्ध
ARYI d 2 s		ATHER'S NAME		121	15. MOTHER'S MAIDEN NA	ALIDI	DLE	LAS	
§ 5 D	_	WAS DECEASED EVER IN U.S. AF	EWIAT -3	L SECURITY NO.	TRAPHA	ч	NKNOWN	UNKA	
S. Pages			WE WAR OR DATES!	62-0712	TAISSER ISK	ST. FROM	OCKVILLE		20855
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W. PRESTON S. I the Seath certine of the offending a remove corbo		Conditions, if any, which gove rise to immediate cause (o), stating the underlying cause lost.	DUE TO, OR AS A CON (b) CO	ISEQUENCE OF		-+A			3 days
RECORDS, 2011  low requires tho  s been signed by rermit. Then pleos e prior to buriol, s ony injury, or or	CERTIFICATION	PART 2 OTHER SIGNIFICANT	107			MINAL DISEASE OR		N IN PART 16	
AL REC	THE				71	YES NO	IN CERTIFY	ING CAUSES	
OF VIII		21g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONT	H DAY YEAR	21c. HOW INJURY OCCUI	RRED (ENTER NATURE O	FINJORY IN ITEM 18 PA	RT   OR PART 2)	
DIVISION OF NG PHYSICIA whending as the burief in the and Merchal orked or them	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	211 LOCATION STREET	СЦА	ORTOWN	COUNTY	STATE
TENDRA to the or	*	22a.l certify that (I) (this hasp saw the deceased alive ar	11-10	110111	0-05 1986 nd that in (my) 4007) opinion	, 10	- 10 , 1		that (1) (we) last
FALOR AL THE CONTROL CAL DWEE CHOICHERT THE DWEE		276. SIGNATURE	- Sunderson		DEGREE	MEDICAL DIRECTOR PH		22c. DATE	
O FUNE Post the St		THOMAS G. S	ORPRINTI SINDERSEN, MA		11125 ROCKUI	LE PIKE	ROCKUILLE	Md.	20850
F 5 F 7 F		BURIAL, CREMATION, REMOVAL		A STATE OF THE PARTY OF THE PAR	EMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE
BP	-	BURIAL UNERAL DIRECTOR	11/12/86	PARKLA			LLE MON	reomeny	
DHMH - 16 60M 7/B4 (VRA 15, 4)	H	UNERAL DIRECTOR CTAL IN	e A	E. DIAMO	25877 NOV	1 8	Man Dead		

ASSISTANCE TELEVISION OF THE PROPERTY OF THE P and the tree stands of the sta Sea Secretariate and the second secretariate and the second secon

	1.	FOR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL H	YGIENE 8 6	3 2 3 3 4
021050 11011	11.	- STATE REGISTRAR	25.40	CERTIFICATE OF DEATH	REG. NO	
UZ4659 NOV 2		GLASED NAME FIRST	MIODIE	Tanken		MONTH DAY YEAR 26. HOUR
poge r deal	1 SE	Hrmitel	RACE /	SOATE OF BIRTH	AGE (IN YEARS LAST BIRTH	1DAY IF UNDER I YEAR IF UNDER 24HRS
ge 4 m	1	Female	BLACK	MONTH DAY YEAR 27	59	MONTHS DAYS HOURS MIN.
orh. Po		COUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	////	COUNTY OF DEATH
otter de	10 0	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION ET AGORESS)	120 USUAL OCCUPATIO	DN 126 KIND OF BUSINESS OR WORKING LIFE) INDUSTRY
ours in by	USU	AL RESIDENCE (IF NURSING HOME O	PROTHER INSTITUTION, GIVE RESIDENCE BEFO		HIGE	VYUVSING HOME
TO TO TO		ATHER'S NAME	onta BAITA	WN 13d INSIDE CITY LIMITS?  OYS DUTY YES NO []  15. MOTHER'S MAIDEN I	1445 W.L	Diamond Ave 20878
W 1 1/513	19. 1	FIRST Clini	on JACKS	ON FRET	sabelle T	Thompson
<b>1</b>		WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? 166 SOCIAL SEC 1577-46	17 INFORMANT 19521 Deboyah (	Chaggett B	311 Merust Lane
U		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	inly one cause per line for (a), (b), cED BY:	( / · / ·		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
N ST.	1	IMMEDIA	TE CAOSE (O)		4	/ Med 1
ESTO denth cree co	1	Conditions, if ony, which	DUE TO, OR AS A CONSEQ	primer Source -		unhusun
W. PR by the box rem i. crema other tr		gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEQ	UENCE OF		
S. 20	1,	PART 2 OTHER SIGNIFICANT		DEATH BUT NOT RELATED TO THE TE	rminal disease or cond	ITION GIVEN IN PART 110
0 9 12 2 7	CATION	Hypertursur 190 DATE OF OPERATION	, Schiroul perso	H OPERATON WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDINGS USED
1 11102	TIFIC.	DATE OF OPERATION	The Colde Montok William	TI OTERATOR WAS PERIORMED	YES NOS	IN CERTIFYING CAUSES OF DEATH?  YES NO NO
OF VITA	CAL CERTIFI	210. ACCIDENT WAS UNDERLYING ( OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR 19	URRED (ENTER NATURE OF INJURY	IN ITEM 18 PART I OR PART 2)
DIVISION Of Person of Person of the burn o	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	21f. LOCATION	CITY OR TOW	N COUNTY STATE
SNOW A STANDARD THE STANDARD TH		22a. I certify that (I) (this hasp saw the deceased alive a	oifol) offended the deceased from		, 10	, 19 that (I) (wellost
ATT ATT		obove, (I) (wet (did) (did n	ot) view the body ofter death.	, and that in (my) (2017) opinio	on death occurred on the dat	te and hour and from the couses stated  22c. DATE SIGNED
A the of		Silvy	they	A D ATTENDING	MEDICAL STAFF	11-6-16
HOSFITAL bined by 19 5 FUNERAL could be det th the Store		Silhey 5	Cohen	121 Congress	ional Lone, Roca	huille, MD 20152
88 54184	23a	BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATOR	CITY OF TOWN	COUNTYSTATE
BP	24 5	Burial		eneca Cemetery	Seneca,	Montg. Md.  Sh REGISTRAR'S SIGNATURE
DHMH - 16 60M 7/B4 (VRA 15, 4)		eorge R. Sno	246 N. Rock vi	Washington 250.0 lle, MD20850 0	1 1 3 1986 Su	SE REGISTRAR'S SIGNATURE
(1	1	corge R. Bilo	WACII KOCKVI	110, 110200001101		0 1000

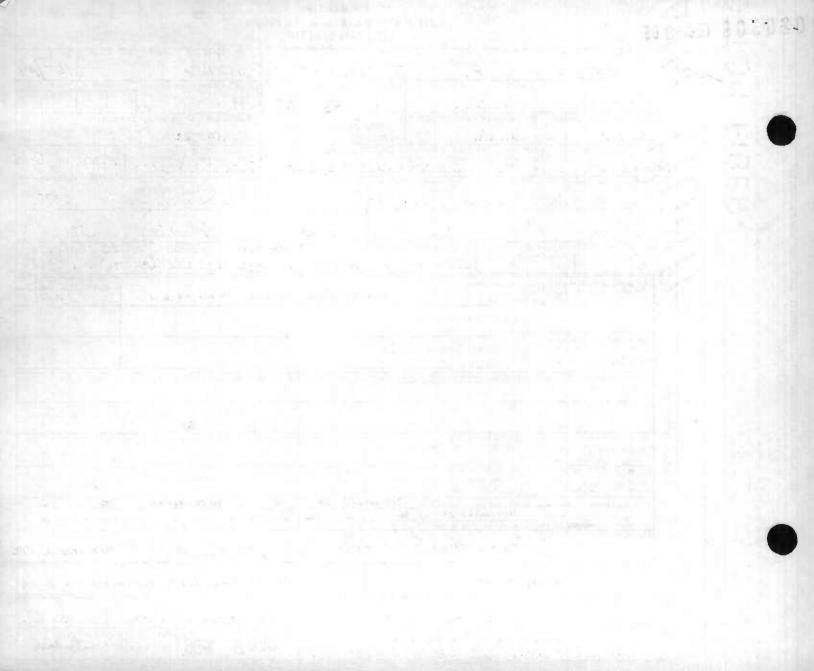






ST	AT	E 0	F M	ARY	LAN	D

0-26309 DEC.	818	FOR STATE REGISTRAR		DEPARTMENT OF	SEALTH AND MENTAL HYO	GIENE B D S	2 3 3	
	1. DE	CEASED NAME FIRST	MIDDLE		LAST	20 DATE OF DEATH MONTH DAY		JR_
of the party	(TYPI	NELLIF	R.	JEE	CERV	11/29/86	1013	S/Am
à co de la constant d	3 SE		4 RACE	S. DATE (	OF BIRTH		UNDER 1 YEAR IF UNDER	11 m
ecto.		Female	Caucasian			91 YRS	NIHS DAYS HOURS	MIN.
2 2 6	70 B	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT	COUNTRY?	D I NEVER MARRIED	9 BALTIMORE CITY OR COUNTY O	FDEATH	
1 11 Ca	_	issouri	u.s.A.	WIDOW	EDXX DIVORCED	Montgomery*		MD.
10	1	koma Park	Was hingt	TAL, NURSING HOME ( ITY, GIVE STREET ADDRESS) ON Adventis	or other institution	170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Patent Educator	126. KIND OF BUSINE BUDYELOW Of Managemen	Land
MARYLAND 2120 ed with 2 hode mplate (definition on 22 apple for the	USU 13a.	AL RESIDENCE (IF NURSING HOME OF STATE 136 COU Maryland Prince	PROTHER INSTITUTION GIVE REINTY 13c. C	SIDENCE BEFORE ADMISSION) CITY OR TOWN Hyatts ville	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP CODE 5410 Sargent Rd.	<del>-managemen</del> 207	
A STATE OF	14. F	ATHER'S NAME			15. MOTHER'S MAIDEN NA			
A 11/09	1	Walter	MIDDLE	Bird	Mary	Katherine	Siler	
		WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 S	OCIAL SECURITY NO.	17. INFORMANT Grand			E.
ALTIMORE,		YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES	7-44-0761		efferyIII Washingto	on, D.C. 20	020
BAI cobs opper		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one couse per line fo		- m	n lad	APPROXIMATE INTER	
ST.,			TE CAUSE (a)	Ac	ule moccorde	und infarction	1 da	ij.
RESTON e death ce nove carb intraumatic			DUE TO, OR AS A	CONSEQUENCE OF			15 10 10 10	
death attend attend to the control of the control o		Canditions, if ony, which gove rise to immediate	(b)					
W. PR tot the by the sse rem crems		cause (0), stating the underlying cause last	DUE TO, OR AS A	CONSEQUENCE OF				
Signed ren plece of burion of burion plece	z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRI	BUTING TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIVEN	IN PART 11a	
IL RECORDS, he low requir on. hos been sig r permit. Ther ene prior to b	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION	FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 200. IF YES, V IN CERTIFYIF	WERE FINDINGS USED NG CAUSES OF DEAT NO TO	TH?
DIVISION OF VITAL  NG PHYSICIAN: The offending physicion of the order of the order of the ond Mental Hygier orked or frem 18 \$100.		210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING  CAUSE OF DE	HOUR A.M.	MONTH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PART	1 OR PART 2)	
ON O HYSIC Is cer burio Ment	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	P.M.	19	21f LOCATION			
UG PH offen	WE	WHILE NOT WHILE AT WORK		CTORY, OFFICE, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY 5	STATE
TTENDII pital ar TOR. A for use of Health		saw the deceased alive of above, (1) (the hour above, (1) (the hour above, (1) (the hour above) (1) (the hour abov	November	29 19 86	, 17	, ta November 29 , 19 death occurred an the date and haur o	. mar (n. (	
REC Hed tem		226. SIGNATURE	1 -		DEGREE		22c. DATE SIGNED	_
RAL D detoc		/	dance &	kees	ATTENDING PHYSICIAN A	MEDICAL STAFF DIRECTOR PHYSICIAN	November 3	0,198
SPIT A		224 PHYSICIAN'S NAME (TYPE			22e ADDRESS	A DIVECTOR   LUISICINIA		
TO HOSPITA eformed by TO FUNERA should be de with the Storing MADOR TANK		BAN	24 HECOLE		3941	FERRARA DRIVE WHE	APON, MO 20	206
D 5 5 3 8	23o 1	BURIAL, CREMATION, REMOVA	L 23b. DATE	23¢ NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		
BP	Bu	(SPECIFY)	Dec. 3, 19	186 Ft. Liv	icoln Cemetery	y Brentwood Prince		Md.
DHMH - 16 60M 7/B4	24 F	UNERAL DIRECTOR Fran	cis J. Coll		25a. DA	LE REC'D. BY REGISTRAR 256 REGISTRA	R'S SIGNATURE	
(VRA 15, 4)	50	10 University B			ing, Md.	EU 5 - 1986 Julia D	cordern-Randa	u,



FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1986

3 2 5 5 6

V	19	RESISTRAR			CERTIF	ICATE OF DEAT	H	REG. NO	).			
		CEASED NAME FIRST		MIDDLE	L	AST		a. DATE OF DEATH	MONTH	OAY YEAR	26 HOL	JR O
И	- Jahren .	ORPRINT) Bertha	Marie-	Wassquamn	Je	nnings		111	12	86	W	AWA
	3 SEX		4 RACE	2	5 DATE C		6	AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER I YEAR	IF UNDER	
1	13.	Doma 1 a	America	n Indian	Anri	1 19, 191	EAR A	72		MONINS DATS	HOURS	MIN.
		Female RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	Apri	1 10, 101		BALTIMORE CITY O	YRS COUNT	YOFDFATH		
7	C	COUNTRY)				D NEVER MARR	IED 📙	100-101			1	
1		lichigan		States	WIDOWE			AMONE	101	Wen	50/1541	MD.
0	10 CI	TY OR TOWN OF DEATH		HOSPITAL, NURSIN CH FACILITY, GIVE STREET		OR OTHER INSTITUTI		20 USUAL OCCUPATION OF WORK FOR MOST OF		12b. KIND C INDUSTRY		
1	B	ethesda	2010	VDQ VL	1 4	OSPITO	1	echnical Illu	strat	or Health	Serv	ices_
	USUA 13a S	AL RESIDENCE (IF NURSING HOME OF	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	AOMISSION)	1134 INSIDE CITY LI	AAJTS2 1	3e STREET ADDRESS /	7IP COL	)E		
	11/20		gomery	Bethesda		YES X NO		5718 McKin			20	0817
		THER'S NAME	gomery	Dechesae		15 MOTHER'S MAI	IDEN NAMI		10,			
2	13.	FIRST	WIODLE	LAST		FIRST		WIDOLE		T a la s		
		Thomas  VAS DECEASED EVER IN U.S. A	-	Vassquamn	PITY NO	Juli 17 INFORMANT	La	ADDRE	SS	Johr	15	
			IVE WAR OR DATES)	100 SOCIAL SECO	KIIT NO.	17 INFORMATIVE		700112	55			
		No		218-34-5	635	John C.	Jenni	ings, Same	as			
7		18 CAUSE OF DEATH (Enter of	anly one cause pe	Line for (a), (b), on	14 1	7 4- 4		-1		BETWEEN	IMATE INTE	RVAL DEATH
ч		PART I. DEATH WAS CAUS	ATE CAUSE (N)	-meversil	de 1	responde	nu	Tailure		4	bur	5
	-	17171125				1	. /	1 .			-1	
		Canditions, if any, which	DUE TO, C	A CONSEQUE	ANT C	CUNAR 1	Atop	Hout		4	SUA	A .
П		gave rise to immediate	(b)_	ca acre	VV	open i	100	W.			V. V.	4.
1		cause (a), stating the underlying couse lost	DUE TO, C	R AS A CONSEQUE	NCE OF							
			(c)_									
	7	PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO T	THE TERMIN	NAL DISEASE OR CON	DITION G	IVEN IN PART 1	а	
	CERTIFICATION											
all di	CA	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORME	D	20a AUTOPSY?		ES, WERE FINDII IFYING CAUSES		
5	E							YES NO		res 🗌	NO [	
1	E E	21a. ACCIDENT WAS UNDERLYING	LIOUD A		AV VEAD	21c HOW INJURY	OCCURRE	D (ENTER NATURE OF INJU	RY IN ITEM 18	PART ( OR PART 2)		
7		OR CONTRIBUTING CAUSE OF D	EAIR	.M. MONTH DA	AY YEAR							
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINATED		OF INJURY	14	211 LOCATION						
	ME	WHILE NOT WHILE		REET FACTORY OFFICE, F	ARM ETC )	STREET		CITY OR TO	WN	COUNTY		STATE
		AT WORK AT WORK			NAME	10	91	1 32. 2 43	0. 17	8/-		
		22a.1 certify that (1) (this has	N A A Date	( . ( . )	Nove		9_10_	_, ta	1 12	19 0 10	thd (1)	(we) lost
	3.5	saw the deceased alive above (I) we) (did (did	nat view the bad	atter death.	(C), a	nd that in (my) (our)	apinion de	eath accurred an the d	ate and ho	aur and fram the	causes s	tated
		721 SICHATURE	Total 1			DEGREE				22c DATE	IGNED	
		Mules C	Wilson			ATTEN	ICIAN D	DIRECTOR PHYSIC	IAN T	1112	186	
1		CIAN'S NAME (TYPE	Ophilips			22e ADDRESS		Λ		0		ZAC
1		Inmos F.	NI SON	TO		111175 100	Voile	Vika Sta	102	Karkin	la W	1 -15
1		MANIN C.	MICH	V2.	1445 05	11123 000	Doide	- 114,01e	· (V),	Mului	11	
	23a B	BURIAL, CREMATION, REMOVA (SPECIFY)				EMETERY OR CREM		23d. LOCATION		COUNTY		STATE
		Cremation			tropo	litan Cre		y Alexandr:		Virginia		
	24 51	UNERAL DIRECTOR Richa	rd Dann	Inc			25a DATE	REC'D. BY REGISTRAR	25b. REG 15	STRAR'S SIGNAT	TURE	

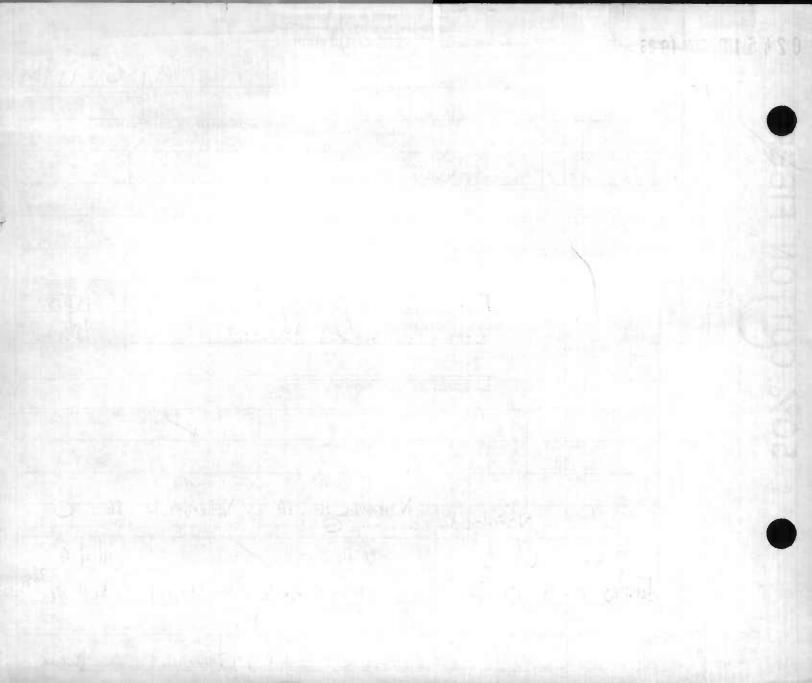
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1804 T Street, NW, Washington,

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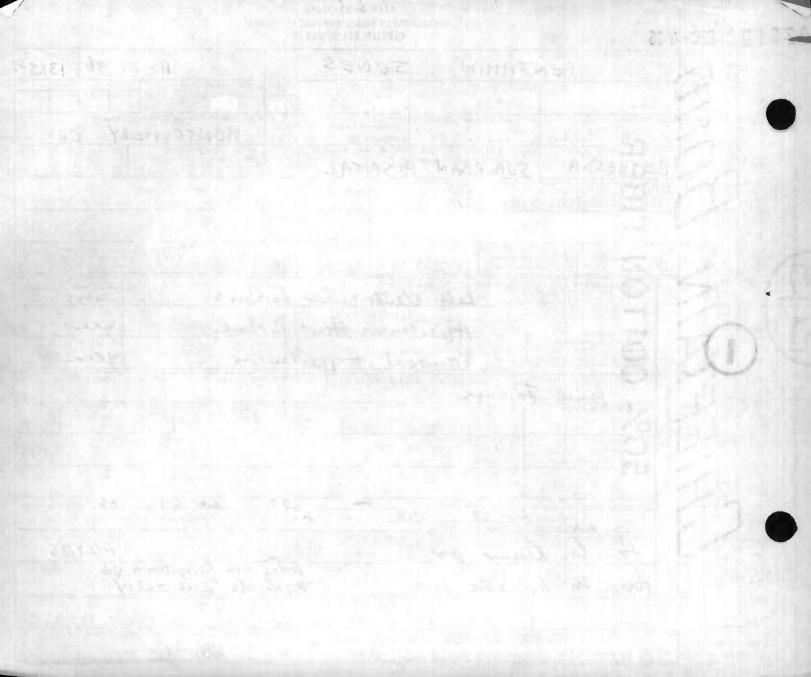
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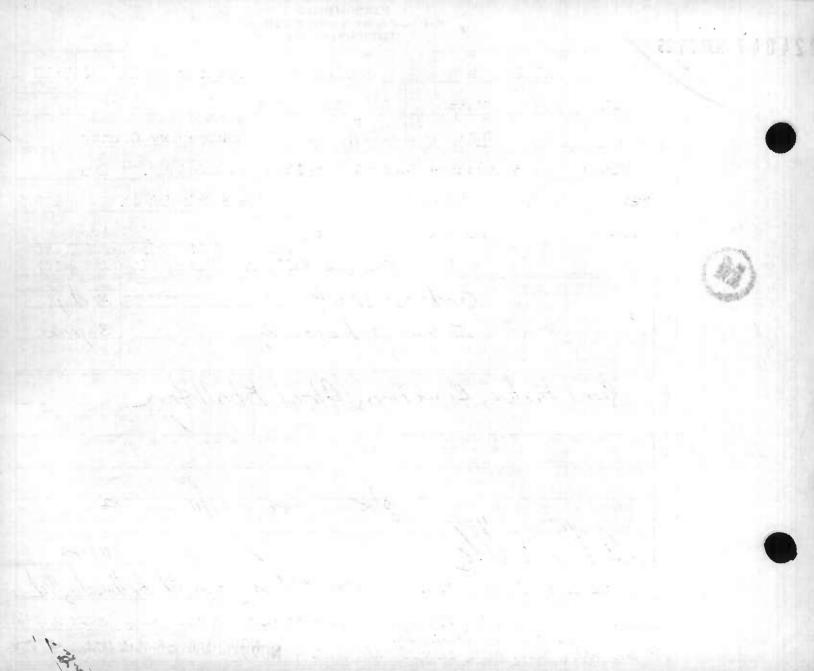
STATE OF MARYLAND

FOR GTATE PREGISTRA	2		DEPART		EALTH AND I	MENTAL HYGI DEATH		REG, NO.		634 °2	
1. DECEASED NA		NJAM	WIDDIE	50	NES		20 DATE OF DE	III	- 29	- 86	1315 M
3. SEX Male		4 RACE Whit	e	Jan.		1906	6. AGE (IN YEAR		IF UN MONTH	DER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
Boston		76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE WIDOWE	D NEVER A		9 BALTIMORE		UNTY OF	DEATH	Co. MD.
BETH	NOFDEATH	SUBU	HOSPITAL, NURSING FACILITY, GIVE STREET				12a USUAL OC (TYPE OF WORK FO Broker	4	KING LIFE) IN	DUSTRY	F BUSINESS OR Estate
Maryla  14 FATHER'S NA		omery	Chevy Ch	/N	13d INSIDE C YES 🗽	NO DEN NAM		DRESS / ZIP	CODE		
Loui	the second secon	WIDDLE	Jones			zabeth	۸.	AIDDLE	L	ondo	n
NO NO OR UNK	SED EVER IN U.S. AF	MED FORCES?	011-01-86		17 INFORMA		nes:1120	ADDRES Ma	rylan	d 20	902 Silver S
Condition	i, if any, which to immediate ), stating the	DUE TO, O	RAS A CONSEQUE HYPLAT RAS A CONSEQUE ESSENT	ENCE OF Ceurn	n He	extended	Cure core			yes yes	MATE INTERVAL CHISET AND DEATH
NO.	HER SIGNIFICANT I	Failu	ONTRIBUTING TO				200 AUTÓPS	Y? 20b.	IF YES, WE	RE FINDIN	
0.0.00.100.101	IT WAS UNDERLYING [	7111	DF INJURY M. MONTH D.	AY YEAR	21c. HOW IN	JURY OCCURR	ED (ENTER NATUR			OR PART 2)	
OR CONTRIBLE  (IF EITHER IN  21d. INJURY  WHILE AT WORK	OCCURRED  NOT WHILE AT WORK	21e PLACE	OF INJURY REET, FACTORY, OFFICE, F		21f. LOCATION STREET	N	C	ITY OR TOWN	(	COUNTY	STATE
sow th	y that (1) (this hasp e deceased alive on (1) (we) (Nd) (did no	NN 2	8 19 5	56	nd that in (my)	_, 19 <u>77</u>	eoth accurred a	in the date or			that (1) (we) last causes stated
22b. SIGNA	-2 Cn	Leur	ms.			TTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN		11/29	
toker	IS M &	ENVE	ie un.		22e ADDRES	5 1240L	cida d		wn 10	d	
Burial, CREA	AATION, REMOVAL	23b. DATE 12/1/8			emetery or d		23d LOCATIO	OWN	gomer	v: Ma	ryland
24 FUNERAL DIRI	CTOR DANZAN	SKY-GOL	DBERG. ME	MORIAI	CHPLS	250 DATE	REC'D. BY REG	ISTRAR 256 R			

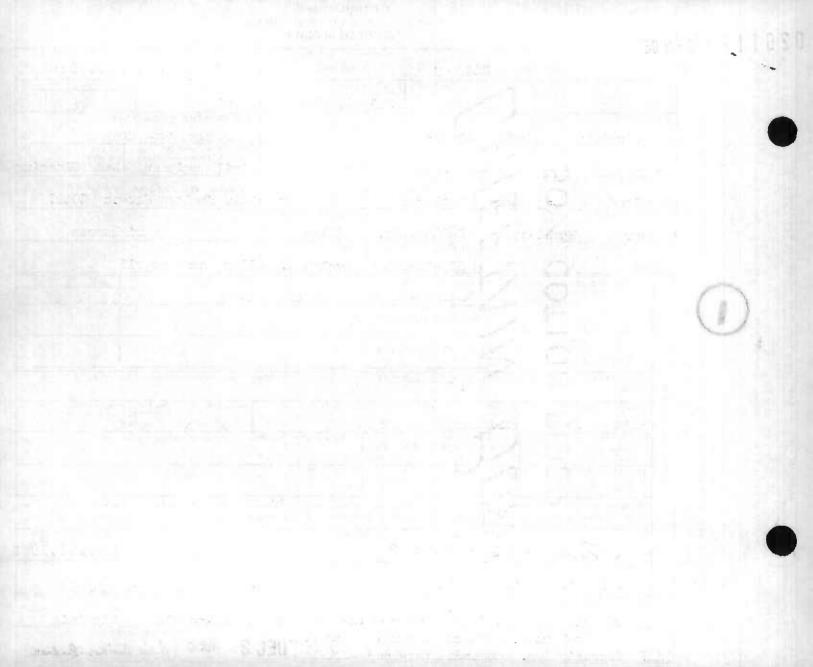
DHMH - 16 60M 7/1 (VRA 15, 4)



SERVER CONTRACTOR

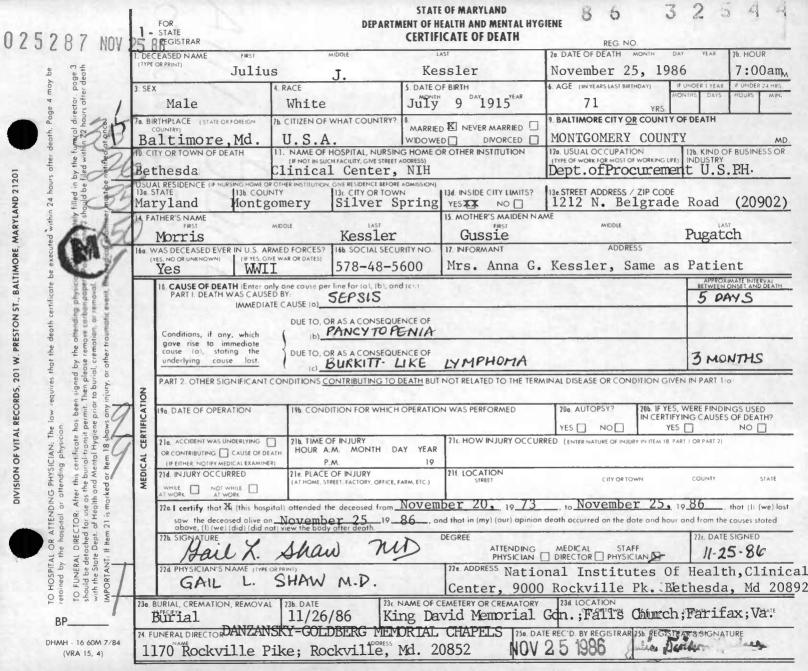


6112 DEC -	1-	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYG ICATE OF DEATH	IENE REG. N	0.	Ca S	B GOM
		EASED NAME FIRST		MIDDLE	l	AST	20. DATE OF DEATH	MONTH D	AY YEAR	2b. HOUR
noy be poge 3	TIRME	Geor Geor	ge R	idgely	K	elley	November	27,	1986	9:00p M
moy poor	3. SE	(	4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIR		F UNDER I YEAR	IF UNDER 24 HRS
ge 4		Male	Cauc	asian	Jul.	y 4, 1925 YEAR	61	YRS.	ONTHS DAYS	HOURS MIN.
Pod in		RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D X NEVER MARRIED	9. BALTIMORE CITY C		OF DEATH	
nerol n 72		Virginia	United	States	WIDOWE		Montgom	ery C	ounty	, MD.
er de fui de	10 C	TY OR TOWN OF DEATH	11. NAME OF		G HOME C	OR OTHER INSTITUTION	12a. USUAL OCCUPAT	ION	12b. KIND C	OF BUSINESS OR
by the		ethesda	9220	Shelton	Str	eet	Civil Engi			Planning
14 hour led in uld be nust be	13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COU	NTY	13t. CITY OR TOW	N		13e.STREET ADDRESS	ZIP CODE	oot 2	20817
Sho the		ryland   Mont	gomery	Bethesd	a	YES NO X	9220 Shelt	on Str	eet 2	.0017
ed with	14 ГА	FIRST	WIDDIE	LAST		FIRST	WIDDIE	**	LA	ST
		George Washi	ngton	Kelley,		E11en	ADDRI		ghause	:n
Poges medico		YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)							
S. Po		Yes V	WII	578-22-	3632	Evelyn K. K	elley same	as #1		
1		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one couse pe	er line for (o), (b), an	d (c).)				BETWEEN	XIMATE INTERVAL ONSET AND DEATH
(101)		IMMEDIA	TE CAUSE (0)	Adenoca	rcin	oma of the l	bowel		18 m	onths
( 1 )			DUE TO (	OR AS A CONSEQUE	NCE OF					
V.		Conditions, if any, which	( (b)_							
and the second		gove rise to immediate cause (a), stating the	DUETO	OR AS A CONSEQUE	NCE OF					
oth oth		underlying cause last.	(6)	3K A3 A CONSEQUE	THEE OF					
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1111	CERTIFICATION	190 DATE OF OPERATION	19b. CONI	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES,	WERE FINDI	INGS USED
1 1 1 1 1 7	FIC	August 1986	Ohet	truction	of 1	201/201	YES NO NO	IN CERTIFY YES		S OF DEATH?
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		OR CONTRIBUTING CAUSE OF DE			AY YEAR	The state of the s	TENTER MATORE OF 11470	KI IIA IIEM IO PA	KI I OK PAKI 2;	
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this this and word of or	AEG	21d. INJURY OCCURRED  WHILE NOT WHILE		TREET, FACTORY, OFFICE, F	ARM, ETC )	STREET	CITY OR TO	WN	COUNTY	STATE
ffer os tl th o										
R: A		22a.1 certify that (1) (this hasp saw the deceased alive o	pital) ottended t	the deceased from_	06	, 19 64	, 10		986	, that (I) (we) lost
for of the splits		saw the deceased alive o above, (I) (we) (did) (did n	at) view the bod	y after death.	00	nd that in (my) (our) opinion (	deoth occurred on the d	ote and have	and from the	causes stated
DiREC DiREC Dept.		22b. SIGNATURE	10	1.		DEGREE			22c. DATE	ESIGNED
T		Lus	hea	Kull h	0	ATTENDING PHYSICIAN X	MEDICAL STA		Nov.	28,1986
FUNERAL build be der the state PORTANT:		224 PHYSICIAN'S NAME (TYPE	OR PRINT}	-,			Cedar La			
		Lewis N. C	ahill,	M.D.			esda, Mar		208	214
Short of sho	23a. 1	BURIAL, CREMATION, REMOVA		T 22. A	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	yrana		
BP		(SPEC1FY)	29, 1	NOV.		itan Cremator	CITY OR TOWN	ri o	Virgi	STATE
	24 F	Cremation UNERAL DIRECTOR D. 1	1 47, 1	Lyou riet	TOPO1	TLAIT CIEILACOL	E REC'D. BY REGISTRAR	25b. REGISTR	AR'S SIGNA	TURE
MH - 16 60M 7/B4		NAME Robert	A. Pun	npnrey	eral	Homes, P. A 25a DAT	2 1986	11:	7:	· Randree
(VRA 15, 4)	175	57 Wisconsin A	re. Reth	esda, Mar	yland	20814   UE	, 2,	Spiria of	Transfer Se-	gandall,



STATE OF MARYLAND

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023457 NOV	7	FOR ATE REGISTRAR			DEPARTA	NENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH		3	2 3	4 3
May be page 3		CEASED NAME OR PRINT!	first		MIDDLE	Ke.	sted of Birth	REG. N  20. DATE OF DEATH  // - / -  6. AGE (IN YEARS LAST B	MONTH DAY	NDER I YEAR	2b. HOUR P.  15 M  IF UNDER 24 HKS
	70.0	Female		Whit	e	Jan	6, 1894 EAR	92	YRS MONT		HOURS MIN.
167	I	New York		U.S.	Α.	WIDOW		monta	omery		MD.
90	Ga	aithersbu	rg	WISC.	HEACILITY, GIVE STREET	G HOME O	re Conter	UNKNOWN	OF WORKING LIFE)	SP KIND OF	NOWN
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CAND/62	14 F.	ATHER'S NAME FIRST UNK	NOWN"	NDDLE	LAST		15. MOTHER'S MAIDEN NA. Ch器中lot	WE		Crai	g
MORE.	160	WAS DECEASED EVER		MED FORCES? WAR OR DATES)	77-60-		informant Carl Darro	w/5602 Ne			Bethesda MD 20816
ECORDS, 201 W. PRESTON ST fow requires that the death cert is been sighted by the attending price to be and, evenome carbon price to be and, evenoment or se cary many, or other transmitter	ICATION	Conditions, if ony, gave rise to imm cause [a], stating underlying cause	ediate g the last.	DUE TO, O		DEATH BUT	FAULU NOT RELATED TO THE TERM	INAL DISEASE OR COP	NDITION GIVEN IN CERTIFYIN	ERE FINDING	GS USED
HOSPITAL OR ATTHORNG PAYSICIAM. The sured by the foughts or otheriding physician oold be datached for use or the burnof-furners print the Same Dept. of health and Mental Hygers FORTAME. If hem 21 is marked or them 18 MOX	MEDICAL CERTIF	71a. ACCIDENT WAS UND OR CONTINUES SCIENCE AND 21d PAJURY OCCURR ATTACK. SIGNAL ATTACK. SIGNAL 27a. I certify that (1) Sow the decease obove, (1) (some the decease obove, 1) (some the decease obove, 1) (some the decease	AUTO OF DEAT	P. 21s. PLACE (A7 HOME SI)	M. MONTH DA	19	211. HOW INJURY OCCUR!  211 EOCATION  101111  102111  10311  103111  103111  103111  103111  103111  103111  1	VES NO RED (INCIDENTALISE OF FOR I	DWH LINE OF THE PART OF THE PA	08 F481 3)	NO []
0 0 0 1 1 2	23a.	BURIAL CREMATION, F	REMOVAL	23b. DATE 11-2-	86 Ge	lame of c	EMETERY OR CREMATORY COWN Med Sci	1 23d LOCATION CITY OF TOWN		YINU	STATE
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· Someonland Marie & M.

024	78	3 NOV 2	184	FOR STATE REGISTRAR		DEPA	RTMENT OF I	E OF MARYLAND BEALTH AND MEN CICATE OF DEA	TAL HYGI	ENE B 6	3	2 5	4 6
		m -c	1. DE	CEASED NAME FIRS		MIDDLE		LAST		20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
	y be	er death		CH	1ANG	KUK	/	IM	9		11 10	86	7.45 PM
	Ē	fer o	3. SE		4. RACE	^	5. DATE (			6. AGE (IN YEARS LAST BIRT	HDAY) IF U	NDER 1 YEAR	IF UNDER 24 HRS
	9	s off		MALE	KOREAN	1	Q7	07	26	60	YRS.	DATS	HOURS MIN.
0	leoth. Po	of onc		RTHPLACE (STATE OR FOREIGN COUNTRY) OREA	Th CITIZEN OF KOREA	WHAT COUNTI	MARRIE WIDOW	D X NEVER MARE		MONTGOME RY		DEATH	MD
3	s ofter d	by the fulled with	1	AKOMA PAR	(IF NOT IN SU	HOSPITAL, NUR ICH FACILITY, GIVE STI ING TON	REET ADDRESS)	OR OTHER INSTITUT		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF LABORER		INDUSTRY	F BUSINESS OR CRUCTION
AND 212	24 hour	135	13o 5		ME OR OTHER INSTITUTION OUNTY	13t. CITY OR TO	FORE ADMISSION)	138 INSIDE CITY L	IMITS?	13e.STREET ADDRESS / 3030 MOZAR		(20	904)
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RE,	ecut	d co	16a. V	VAS DECEASED EVER IN U.S	S. ARMED FORCES?	166. SOCIAL SI	CURITY NO.	17. INFORMANT		ADDRE	SS		
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BA BA	death certificate	offending physicions of the corporation, or removal.		18 CAUSE OF DEATH (Ent PART I. DEATH WAS CA IMME Conditions, if ony, whice	DIATE CAUSE (a)	OR AS A CONSE	RESP QUENCE OF	ANDRIA		RREST BRAIN DE	ATH	72	MAYE INTERVAL PASET AND DEATH MITHULE
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RDS	edin	The The injury	CERTIFICATION	REMAL FAILURG									
RECORD	· .	prio	7 3	190. DATE OF OPERATION			ICH OPERATIO	N WAS PERFORME	D	200 AUTOPSY?	206. IF YES, WI	ERE FINDIN	IGS USED
AL	The ion.	Pe Pe	E	11/5/86	dorec	tong Ao	stic A	neuron	-1	YES NO	YES [	]	NO [
<u> </u>	JAN:	burial-transit Mental Hygie or Hem 18 sh		710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O		OF INVIRY	DAY YEAR	21c HOW INJURY	Y OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I	OR PART 2)	
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	DR A hos	Dept.		224 SIGNATURE		y oner deam.		DEGREE				22c DATE S	
	AL	deto ote D		John	porce	0	-	ATTEN PHYS	ICIAN P	MEDICAL STAFF	AN 🗌	111	11/86
	SPIT d by	De Stan		220 PHYSICIAN'S NAME (1	YPE (PRINT)			22e. ADDRESS				-	
	to HC	should be deto with the State [ IMPORTANT: If		JOHN	h. 50	NES	ms	4801 MG	Mach	wesalts An	e, ali	)., Wa	1h D.C.
	Te	- v s ≥/-	23a. B	URIAL, CREMATION, REMO	VAL 236. DATE	2:	c. NAME OF C	EMETERY OR CREM	ATORY	23d. LOCATION			
	BP_		E	ÜRÏAL	11-12-	-86 F	AIRFAX	MEMORIAL	PARK	FAIRFAX	co	YINU	VIRGINIA
		16 60M 7/B4		UNERAL DIRECTOR  NAME  DEMAINE FUNERA	AT HOMES				250. DATE	REC'D. BY REGISTRAR 2	Sh. REGISTRAR	SSIGNATI	JRE
	(VR	A 15, 4)	1	DEMAINE FUNER	AL HOMES,	INC ALEX	THUDKTH	ATEGINT	1-111-5	14 1000 See.	Lott. Most if the	1. 2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	in ;

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nay be page 3 r death		hristina			й.	Kind		11-12-86		- 4	(4PAM
ector. po	3. SE	emale		4 RACE	White	5. DATE (		6 AGE (IN YEARS LAST BIRTHD	YRS		UNDER 24 HRS
n 72 hour		RTHPLACE (STATEORI	FOREIGN	U.S.A.		MARRIE WIDOW	D NEVER MARRIED	Montgomery		ATH	MD.
of the further had worth		ty or town of DEA	ATH	11. NAME OF	HOSPITAL N	URSING HOME ( E STREET ADDRESS)  e Nursing	THE HOME	120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF W Homemaker	1 12b 1	KIND OF BUUSTRY	
Sund be in	13a S	AL RESIDENCE (IF NURS	13h COUN	cother institution	113r CITY O	RTOWN	13d INSIDE CITY LIMITS? YES MO	13e STREET ADDRESS / Z 408 Windsor	St.	2091	0
15/5 C		eorge	NM	WIDDIE	Gui		15. MOTHER'S MAIDEN NA Christina	ME NMN	Мс	watt	7
Progress medical		vas deceased ever yes, no or unknown) <b>No</b>		MED FORCES? VE WAR OR DATES)		L SECURITY NO. 7⊶4375	Ronald J. Ki	ndness 4508		Rd. F	20853 Rock. M
ned by the attendal please removes the viol, cremation com-		Canditions, if any, gave rise to immrcause (o), stating underlying couse	which mediate ig the lost.	DUE TO, C  (b)  DUE TO, C	OR AS A CON	PAULED ISEQUENCE OF	ARTERIOSC NOT RELATED TO THE JERA	LEROSIS	2	PART IIa	
has been signi permit. Then pere prior to bu	CERTIFICATION	190 DATE OF OPERA					NOT RELATED TO THE TERM	20a AUTOPSY?	206. IF YES, WERE IN CERTIFYING C	FINDINGS CAUSES OF	
burial-transit p Mental Hygier r Item 8 sho	MEDICAL CER	21a. ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER NOTIFY MEDI 21d. INJURY OCCUR	CAUSE OF DE	HOUR A R) P	OF INJURYM. MONTM. OF INJURY	19	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY I		PART 2)	STATE
DIRECTOR: After the sched for use as the Dept. of Health and if them 21 is marked of them 21	W	white NOT WE AT WORK  27a.1 certify that (1) saw the decease above (1) we) (4) 27b. SIGNATURE	this haspi ed aludid (did he	ital) attended the	he deceased 30 y after death.		nd that ir (Ay) (aur) apinion	to BRESEA	19, 19	, tho	(we) last
TO FUNERAL DIR should be defoch with the State Del		22d. PHYSICIAN'S NA TOHN P		non, M			ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIA  FRING DR	NO FUI	11-12-	86
§ ₽ ± 3 ≥ 7	В	BURIAL, CREMATION, SPECIFY) Urial		11/14	•	Ft. Line	eoln Cemetery	Brentwood		yland	STATE
HMH - 16 60M 7/84 (VRA 15. 4)	24 F	JNERAL DIRECTOR T	yson e Pik	Wheeler Rocky	r Fune	ral Home	Inc. 250. DA	TE'REC'DBY TENERAR 25	NEGISTRAR'S	IGNATURE	dose

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## STATE OF MARYLAND

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO LIDEL BASED NAME MIDDLE 20 DATE OF DEATH MONTH 25 HOUR TYPE OR PRINT Dorothy KING Craft November 30, 1986 4 RACE AGE (IN YEARS LAST BIRTHDAY) 5 DATE OF BIRTH 3\_SEX Female White Oct. 15, 1912 To BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USA Miss. Montgomery County WIDOWED DIVORCED 170 USUAL OCCUPATION
(TYPE OF WORK FOR MOST OF WORKING LIFE)

TYPE OF WORK FOR MOST OF WORKING LIFE)

TO USUAL OCCUPATION

INDUSTRY

Schools 10. CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS] 13220 Cool Brook Lane Clarksburg USUAL RESIDENCE (IF NO 136 COUNTY 36 STREET ADDRESS / ZIP CODE 13c CITY OR TOWN 25229 Woodfield Rd. 20872 Montgomery Maryland Damascus 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME Pearl William Craft Hartman

(YES NO OR UNKNOWN) (IF YES GIVE WAR OR DATES)		Earl R. Ki		501 Brook La. arg, Md. 20871
18 CAUSE OF DEATH (Enter only one couse p PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a)	combine for 101, (b), and (c)	umany	mest	APPROXIMATE INTERVAL BET WEEN ONSET AND DEA
Conditions, if ony, which gave rise to immediate couse (a), stating the	OR AS A CONSEQUENCE OF OR AS A CONSEQUENCE OF			ral de voses
PART 2 OTHER SIGNIFICANT CONDITIONS	• • •	NOT RELATED TO THE		IDITION GIVEN IN PART 110
190 DATE OF OPERATION 196 CON	IDITION FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
1.10.	OF INJURY A.M. MONTH DAY YEAR	21c HOW INJURY OC	CURRED (ENTER NATURE OF INJU	JRY IN ITEM 18 PART I OR PART 2)

211 LOCATION

MEDICAL

DHMH - 16 60M 7/84 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL 236 DATE Burial Dec.3,1986

OR CONTRIBUTING CAUSE OF DEATH

NOT WHILE

22a.1 certify that (1) whis hospital) attended the deceased from

John Kijak, Jr., M.D.

LIF EITHER NOTIFY MEDICAL EXAMINERS

230 NAME OF CEMETERY OR CREMATORY Wesley Grove

8 - 10

DEGREE

9815 Main St., Damascus, Md. 20872

11-

ATTENDING 7 MEDICAL

Woodfield, Montgomery,

COUNTY

22c DATE SIGNED

STATE

24 FUNERAL DIRECTOR Offin L. Molesworth, P.A. ADD Damascus, Md.

21e PLACE OF INJURY

(AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

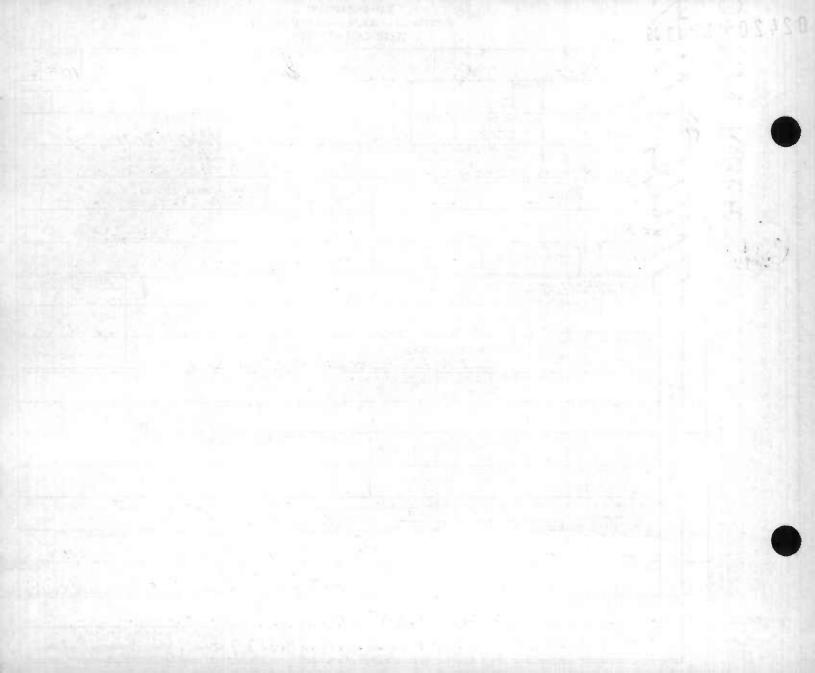
CITY OR TOWN

our) opinion death occurred on the date and hour and from the causes stated

ulia Davidson Pandace

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024205 NOV		FOR		DEPART		OF MARYLAND EALTH AND MENTAL HYG	SIENE 8 6	3	2 5	49
ANN CAZAZO	18	BEATE HEGISTRAR			CERTIF	CATE OF DEATH	REG. N	0		
111111111111111111111111111111111111111	LDE	CEASED NAME FIRST	MI	DDLE	, 1	AST		MONTH DA	Y YEAR 2b	HOUR
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0 00	3. SE		4. RACE	1	S. DATE O	F BIRTH	6. AGE (IN YEARS LAST BIR	THDAY)	UNDER I YEAR IF U	JNDER 24 HRS
4 94 5 5 5 5		Male	Whit	.e	May	9,1907	79	YRS.	DAYS HO	DURS MIN.
A 32 47/		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF W	HAT COUNTRY	8.	NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY C	OF DEATH	
1		Kansas	USA		WIDOWE		The	retar	mery	MD.
. 1948	10. C	JY OR TOWN OF DEATH		OSPITAL, NURSI		ROTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Geologist	OF WORKING LIFE)		
2 1 1	USU.	AL RESIDENCE (IF BURSING HOME OF	OTHER INSTITUTION, C	IVE RESIDENCE BEFOR	RE ADMISSION)	1			20.501	10/
2 2 2	19613	Md. Mon	t.	S.S.	VN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 15211 E1	/ ZIP CODE	WEW O	06
1 1 11	J4. F/	THER'S NAME				15 MOTHER'S MAIDEN NA	ME	.KI Iuq	e way	
1611160		Arthur	R K	inkle		Cora	MIDDLE	Hein	zelmanı	n
#1 18 AF 1/		VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SEC	URITY NO.	17. INFORMANT	ADDRI			
W 1/	1	YES NO ORUNKNOWN) (IF YES, GIV	VE WAR OR DATES	577 60	0586	Mildred Ki	nkel (Wife	) Same	as 131	£
BAL opening	1	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one cause per l		nd (c).)	1			APPROXIMATE BETWEEN ONSE	
tt.			TE CAUSE (a)	Cardia	ar	rest			immalu	t
S 4 18 1			DUE TO, OR	AS A CONSEQU	JENCE OF				-1	
dec dec		Conditions, if any, which	(b)_/	neum	Dula				tany	5
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A 20	-	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	VTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 11a	
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O SECTION OF	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	1111		19					
OS A PART OF THE P	VED	216. INJURY OCCURRED	21e. PLACE O	F INJURY ET, FACTORY, OFFICE,	FARM, ETC.)	211. LOCATION STREET	CITY OR TO	)WN	COUNTY	STATE
No of the state of	-	NOT WHILE AT WORK								
N 1 4 5 5 5 5		13 I certify that (1) (this hospi	5 2 2 2 2	7	11/3	19 86		. 19		(II) (we) last
2 g 6 g 6 g 5 g		saw the deceased alive on abave ((1) (we) (did) (did no	Wiew the bady a	tter death	30 . an	d that in my) (aur) apinian	death accurred on the d	ate and hour o	and from the caus	es stated
A Manager A		226. SIGNATURE	1		(	DEGREE			221. DATE SIGN	NED
## ## # # E		Lun PAUL LINE	A		n	ATTENDING PHYSICIAN D	MEDICAL STA	IAN 🗆	11/14/9	36
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0 0 0 0 d		Ira Paul Kr	erting			210/11/2011	MILA	IN her J	MAININ KI	1090
AT THE	- (	SURIAL, CREMATION, REMOVAL	23b. DATE		NAME OF C	EMETERY OR CREMATORY	236 LOCATION	7	COUNTY	STATE
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DHMH - 16 60M 7/84 (VRA 15, 4)	24 FU	Hines/Rinald	di 1180			25g DAT	E REC'D BY REGISTRAR	25h REGISTRA	AR'S SIGNATURE	dall

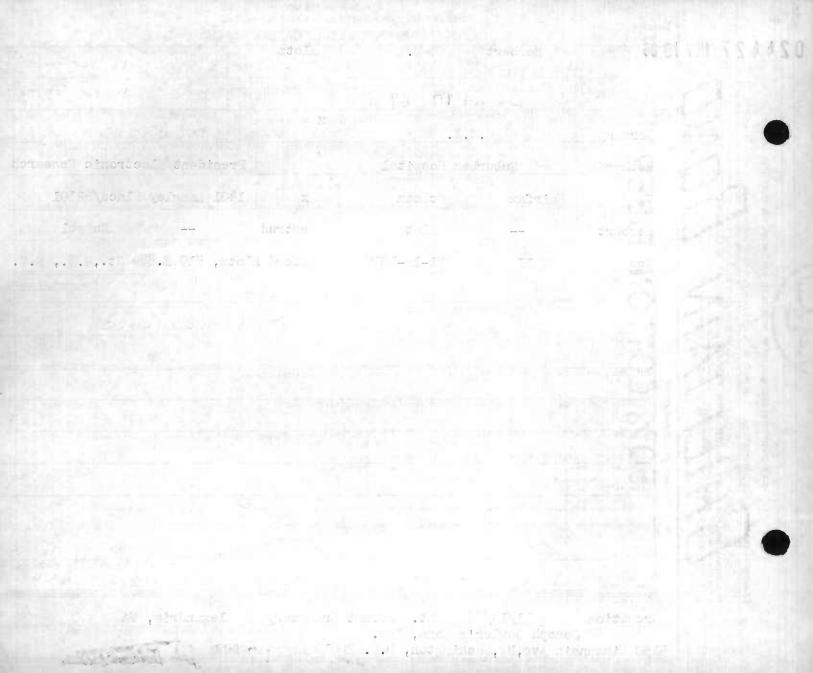


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023434 NOV	12	ATATE GISTRAR		CERTIFICATE OF DEATH	REG. N	0.
		CEASED NAME FIRST	MIDOLE	(AST	20 DATE OF DEATH	MONTH DAY YEAR 26 HOUR
noy be poge 3	3_SE	(harks	E. AT	15. DATE OF BIRTH	6 AGE LIN YEARS LAST BIR	11 4 86 745 AM
offe.	3 36	make	CAUL	MONTH DAY YEAR Dec. 7. 1902	83	MONTHS DAYS HOURS MIN.
g 50 /ai		IRTHPLACE I STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY		9 BALTIMORE CITY O	R COUNTY OF DEATH
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d the	R	ockville	Hebrew Home of	Greater Washingto	n Broker (Re	F WORKING LIFE) INDUSTRY
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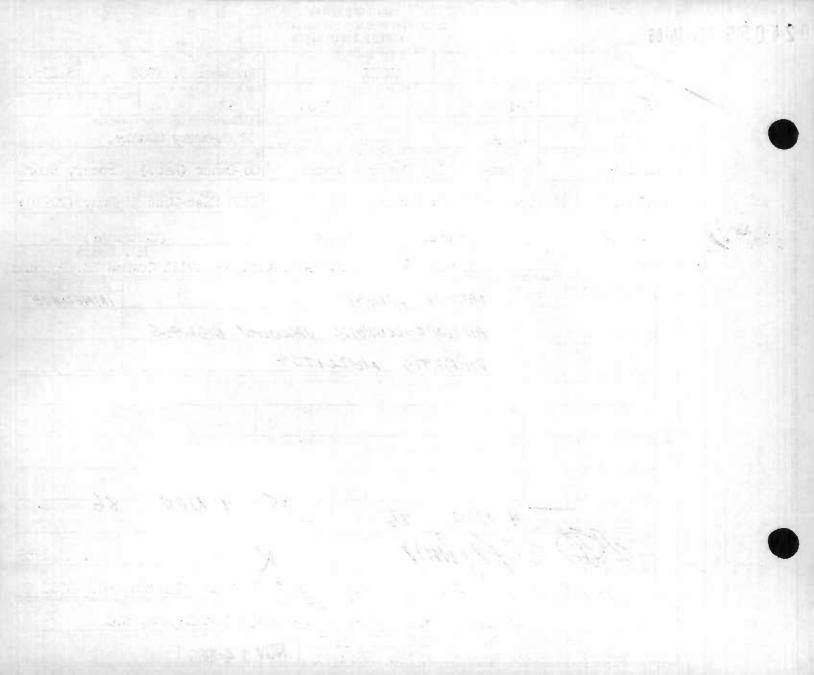
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ANN CCO.	144.0	STATE REGISTRAR				CERTIF	ICATE OF DEATH		REC	3. NO.		
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oge 3	(TYP	FA	Y			KOT	Z	N	ovember	9. 1	986	5:25p.
moy moy	3 SE	Х		4. RACE		5. DATE O	OF BIRTH		AGE (IN YEARS LA		IF UNDER TYEAR	IF UNDER 24 HRS
ector of		Female		White		June	10, 1903 YEAR		83	Y	RS. MONTHS DAYS	HOURS MIN.
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ficate physici paper navol.		18 CAUSE OF DEATH PART I. DEATH WA	(Enter onl	ly one couse pe	r line for (o), (b), or	nd resi						ONSET AND DEATH
a ph anp ewer		TAKTI: DEATH WA	MMEDIAT	E CAUSE (o)	CARDIAE	ARKL	357				IMM	EDIATE
uires that the dea signed by the atter en please remove a burial, cremation ury, or other troum	z	gove rise to imme couse (o), stoting underlying cause  PART 2. OTHER SIGN	the lost.	( (c)	DR AS A CONSEOU DIAPETT ONTRIBUTING TO	9 1	NOT RELATED TO THE TI		L DISEASE OR C	ONDITION	GIVEN IN PART 1:	10.
n. nos been s permit. The ne prior it	CERTIFICATION	19a DATE OF OPERATI	ON	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		20a AUTOPSY?	INC	F YES, WERE FINDE	S OF DEATH?
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or offer the e as the alth and morked		AT WORK AT WORK			1.	_	8	-	91	1011	26	
TEN TOR: or us of Hee	1	22a.1 certify that (1) is saw the deceased	,			86.0	nd that in (my) (are) opini	inn deat	th occurred on the	ne date one	hour and leam the	that (I) (we) lo
F 0 0 = 0 4		above, (I) (we) (di	d) (did nat	) view the body	after death.		DEGREE		III Occorred on the	ne dote one		
OR A he ho DIRE oched oched Dept.		1/1/10	2	201	25 laux	2	ATTENDIN(	G. A	MEDICAL	STAFF		SIGNED
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TO FUNER, should be diwith the Ste	_			OOZH,			2309 Shoref			Whear	ton, Md.	20902
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DHMH - 16 60M 7/84	24 F	NAME DIRECTORDA	NZANS	KY-GOLI	DBERG MEM	DRIAL	CHADET C 250 I	DATE RE	C'D. BY REGIST	RAR 25b. RE	GISTRAR'S SIGNAT	TURE
(VRA 15, 4)		170 Rockvil						YOU	1 4 198	5		2



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h. P. P. Z. House		SIRTHPLACE (STATE OR FORE		OF WHAT COUNTRY?	MARRIED X	NEVER A	ARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH	
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a se		TITY OR TOWN OF DEATH	(IF NOT IN	OF HOSPITAL, NURSING SUCH FACILITY, GIVE STREET	ADDRESS)	THER INST	ITUTION	170 USUAL OCCUPATION  ITYPE OF WORK FOR MOST OF WORKING LIFE		F BUSINESS OR
102 Jis o		reaton	3105	Gaylor Plac	e e	- 3		Homemaker	Homemo	iker
AND 21 hour 24 hour collections and 25 hours	13a		county ntgomery	136 CITY OR TOW Wheaton	N 13d	INSIDE CI	NO [	13e STREET ADDRESS 3105 Gaylor Plan	ce	20906
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AM B INTERPRETATION		Michael		Malinsk	i	Ma	ry	MIDDLE	Dar	riel
ORE,		WAS DECEASED EVER IN (	J.S. ARMED FORCE		RITY NO. 17 I	INFORMAI	NT	ADDRESS		
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0 € 5 € 3 ₹ <b>7</b>		BURIAL, CREMATION, REM	OVAL 236. DATE	23c. N	AME OF CEMET	ERY OR C	REMATORY	23d. LOCATION		
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25 1 116/	F 1.58			RACE	C.	5. DATE C			6. AGE IN	YEARS LAST BIR	THDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
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1 101	160	Michael WAS DECEASED EVER IN	IIS ARME	D FORCES?	Kuchin 1166 SOCIAL SEC		17. INFORMA		nown	ADDRI	ESS		
100	6	(YES, NO OR UNKNOWN)	IF YES, GIVE W	AR OR DATES)					hinehi			as #1	2
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3 10 11 12	E E	21g. ACCIDENT WAS UNDER	VINC [7]	21b. TIME O	S INTITION		1214 HOVA/ II	NJURY OCCUR	YES [	NOX	YES		NO 🗌
P. Physical	\$ 2	OR CONTRIBUTING CAU		HOUR A.	M. MONTH	DAY YEAR	ZIE. HOW II	NJORT OCCOR	KED (ENTERN	ATURE OF INJU	JRY IN ITEM 18 P	ART   OR PART 2)	
YSIC Ing s cert	75	(IF EITHER NOTIFY MEDICAL		P. 21e. PLACE	M. OF IN HIPY	19	211 LOCATI	ION	-	-			
DIVISION OF OPPASICIAL	MED	WHILE NOT WHILE			REET, FACTORY, OFFIC	E, FARM, ETC )	STREE			CITY OR TO	NWN	COUNTY	STATE
DIA PER	7	22s. I certify that (I) (the	us hospital	attended th	e decrased from	11/	2/	19.89	to	11/16		988	that (I) (we) lost
THE STATE OF	3	saw the deceased	alive an	4/1	3/ 19	~ /	nd that in (my	) (oor) opinian	death accuri	ed on the d	ate and haur		
A SEPTION	3	DE SIC LATUR	(did not) v	riew the bady	atter death.		DEGREE				/ 123	22E DAY	SIGNED
AL AL Bet	7	Notar	(1)	Taco	2	14	·D.	ATTENDING PHYSICIAN	MEDICAL	STA PHYSIC		4/18	186
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	2	Kobert	C.	1acc	on	755	1809 V	iers Mil	Md.	Kock	ville	4d 201	351
0 € 5 € ¥ ₹ <b>₹</b>	23a	BURIAL, CREMATION, RE	MOVAL	23b. DATE	23	NAME OF	EMETERY OR	CREMATORY	23d. LOC	ATION	7	COUNTY	STATE A.F.
BP	5	Burial	72.11	Nov. 21	0. 86 6	ate of	Heave	n Cemet	ery Si	lver	Spring	Montg	omery" Md.
DHMH - 16 60M 7/84		UNERAL DIRECTOR F	ranci	s J. Co	ollingons	Jr.		25a. DA	RES DI BY	1986 RAR	20 HEGIST	ARS SIGNA	DRE
(VRA 15, 4)	50	0 University	Blue	d. Wes	t, Silve	r Spri	ng, Md		4 5				

AND DESCRIPTION OF TSVOW

25135 NOV 2	518	FOR STATE REGISTRAR		DEPART	MENT OF HE	OF MARYLAND ALTH AND MENTAL H CATE OF DEATH	YGIENE	3 6 REG. NO.	3 2	5 5 0
		CEASED NAME FIRST		WIDDLE	LA!	1 0	2a. DATE	OF DEATH MONTH	DAY YEAR	26 HOUR
4 40		Marg.	aret A.	nna	Ku	nkel		1 18	86	12-PM
to the second	3 SE F	x emale	Caucas.	ian	S. DATE OF MONTH	DAY YEAR	6 AGE (1	N YEARS LAST BIRTHDAY)  YR	IF UNDER I YEAR	
2 50	7a B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED	9 BALTIA	AORE CITY OR COU	NTY OF DEATH	
1 183/		Illinois	U.S.A.		WIDOWED			lontgomery		MD.
1168		ilver Spring	11. NAME OF	HOSPITAL, NURSING HEACILITY, GIVE STREET	ADDRESS)	OTHER INSTITUTION	(TYPE OF W	AL OCCUPATION ORK FOR MOST OF WORKIN	G LIFE) INDUSTR	of Business or maker
		AL RESIDENCE (IF NURSING HONSTATE 13b C	AE OR OTHER INSTITUTION	GIVE RESIDENCE BEFOR	E ADMISSION)	Prince				marcot
7-135	Ma		ntgomery	Silver S	pring	3d. INSIDE CITY LIMITS? YES NO SMOTHER'S MAIDEN N	1011	1 Portland	d Road	20901
(1)/50		Oscar	WIDDLE	Jensen	-	Alice		ADDRESS	Mu	rphy
And of the last	1	WAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YE	. ARMED FORCES? S. GIVE WAR OR DATES)	318-03-9		Conrad E. K	Kunkel	husband	same	as #13
equires that the death in signed by the attendiffen please remove conto burial, cremation, are finiury, or other traumation.	NO	Canditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost  PART 2 OTHER SIGNIFICA  AUAN	DUE TOTAL	R AS A CONSEQU		ot RELATES TO THE TE	Kerne RMINAL DISE	Sclera ASPORCONDITION ESPALS	-	Tyrs
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TTENDIN ortal or TOR. Af for use o of Health		22a.l certify that (I) (this has a sawn the deceased alive obsere, (I)	e on	1-/7/198	6_, onc	that in (my) apinio	5, to_	rred on the date and	hour and from th	, that (I) last
ned by the hosp FUNERAL DIREC Juld be detoched if the State Dept. (ORTANT: # hem.)	1	224 PHYSICIAN'S NAME (1	d nat) view the body	sh W	20	ATTENDING PHYSICIAN 220. ADDRESS	MEDICA DIRECTO	STAFF DR PHYSICIAN	22c. DA1	-18-86
TO HOSPII retoined by TO FUNER should be- with the St	22	George Senge	stack, M.I			9241 Columb		d., Silver	. Spring,	, Md.
BP	1	BURIAL, CREMATION, REMO Burial	Nov. 22	2, 86 Ga	te of	metery or cremator Heaven Ceme	tery S			
DHMH - 16 60M 7/B4 (VRA 15, 4)		UNERAL DIRECTOR Frai 00 University		ADOPESS			ATE REC'D. B	Y REGISTRAR 25b. REC	SISTRAR'S SIGNA	ATURE

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					REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
		e 4			CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MON	
	be .	page 3			LOREN	20 W. LAMAD	RID	11/5-/	86 10 PM
	mo)	6 6		3. SE		4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDA	
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a		ond on o	o dic		YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	RITT NO. 17 INFORMANT	ADDRESS	: 5. 140
3		1 S O	E		NO -	- 577-70-	0790 DAUSHTER)	YILAR LAMADI	210 -JAMEHSH13
BAI	core	ysici	7000		18 CAUSE OF DEATH (Enter of	nly one couse per line to lat. (t) one D 8Y:	d (c).		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1.	T.	phys	> >			TE CAUSE (a)	alon tenture	2.	48hr
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RECORDS	5	nit. I	2	CERTIFICATION	19g DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20	b. IF YES, WERE FINDINGS USED
RE	0	nos t	2 8	I H	NA	NA	or Emmors who rem owned	IN IN	CERTIFYING CAUSES OF DEATH?
TAL	The	Si e	Ci -	1 2	21a. ACCIDENT WAS UNDERLYING	7 216. TIME OF INJURY	121. HOW BUILDY OCCUP	YES NO NO	YES NO
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Ö	PHY	this e	ō	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY [AT HOME, STREET, FACTORY, OFFICE, F	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
DIVISION OF	9	fter s th	ke	1	AT WORK NOT WHILE AT WORK				
-	9	A Se	E		22a.1 certify that (1) (this hospi	ital) attended the deceased from_	5/26 19 86	2 , to 11 / 5	
	ATTEN	P L L	21.		sow the deceased alive on	1) view the body ofter death.	66, and that in (my) (our) opinion	death occurred on the date of	and hour and from the causes stated
	OR A	REC	E		226 SIGNATURE /	of view the body offer deom.	DEGREE		22c. DATE SIGNED
	0 1	atac D	=		Sur alle	Sooulnit	ATTENDING .	MEDICAL STAFF	11/5/8/2
	PITA	ERA Stori	Z -	1	27d. PHYSICIAN'S NAME (TYPE C	OR PRINT)	27e ADDRESS	DIRECTOR PHYSICIAN	77.3786
	105	FUN PAGE	PORT		BERNADETTE	SOON 67 MD	1106 CARin	e street #2 5	rilver sprug med 20910
	0	TO Show	¥ -	-	PPRINTILL			Q	7
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/	DHM	H - 16 60/	M 7/84	24. 5	OTNERAL DIRECTOR	211 DEVOLTHNER	EAL JOME 130. DA	TEREC'D. BY REGISTRAR 256/	REGISTRAR'S SIGNATURE
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FOR

- STATE

23a BURIAL, CREMATION, REMOVAL 23b. DATE 11-24-86 Burral Sunset Memorial Park Smithfield Johnston North Carol NOVE REC'S BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 4400 Powderss Mill Rd. DHMH - 16 60M 7/84 Borgwardt Julia Davidson Pandas Beltsville Md 20705 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

6:30

126 KIND OF BUSINESS OR

agriculture

3 WKS

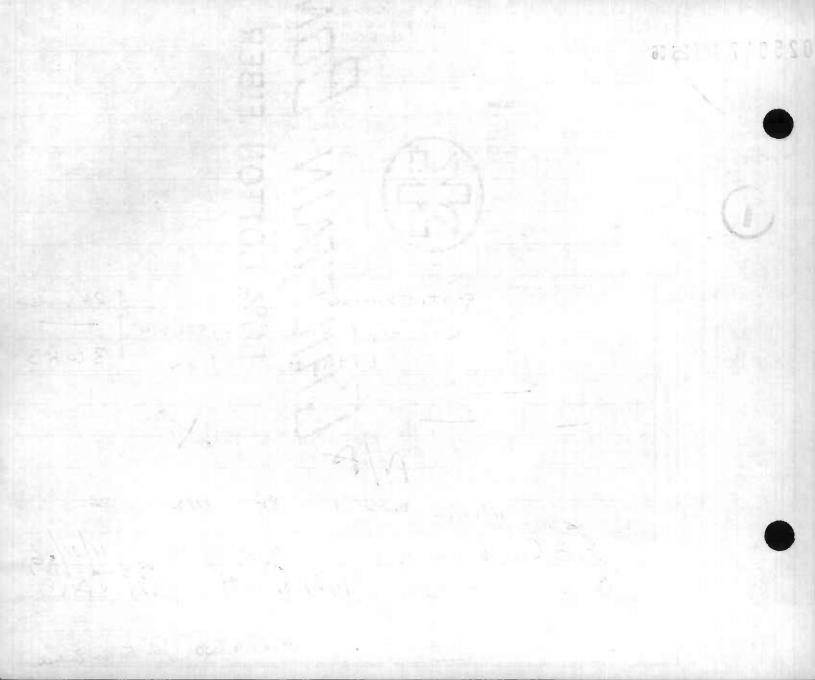
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22c. DATE SIGNE

IF UNDER 24 HRS



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2 2 3 4	O O MUY IL	\$9	STATE REGISTRAR				ATE OF DEATH	LAURA S	. LEIZEAR	
	. m=		CEASED NAME	4457	MIDDLE	PIR		20 DATE OF DEATH MONT	1 1 .	HOUR
	4 to 1	1.582		1ZEA1	1. RACE	5. DATE OF B	RA	6. AGE (IN YEARS LAST BIRTHDAY)	3/86 /	UNDER 24 HRS
	of other	2	F		CAUCASIAN	MONTH	DAY YEAR	74		OURS MIN.
-	8 pp 81	7a. B1	RTHPLACE INVIDE	ON POREIGN	76 CITIZEN OF WHAT COUN	MARRIED	NEVER MARRIED	9 BALTIMORE CITY OR CO		
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5	4 17 3//	S	ekoma la	ext/		LALLULES -	Teep-	HE OF WORK FOR MOST O WOR	KING LIFE) INDUSTRY	-
ND 212	36	USU,	AL RESIDENCE IF NO TATE ALENSAUL	IRSING HOME OF	OTHER INSTITUTION GIVE RESIDENCE  H3: GITY OF	E BEFORE ADMISSION) R TOWN 136	LINSIDECTTY LIMITS?	130. STREET ADDRESS / ZIP	Beach RL	20659
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MORE, A	Popular Paris		VAS DECEASED EVE (ES, NO OR UNKNOWN)		MED FORCES? 166. SOCIAL	13-4545	HOPALAR J	ADDRESS (13)	2)	
SALTI	1 11		18 CAUSE OF DEA	ATH (Enter on	nly ane cause per line far (a),	(b), and (c).)		0	APPROXIMAT BETWEEN ONS	TE INTERVAL ET AND DEATH
15	antific g phy demonstrate remonstrate		PART I. DEATH		TE CAUSE (a) MASSI	re Pulm	ONARY 1	HEM ORR hage		
NOTS	tender of conditions of the conditions of co		Conditions if a	nu udožate	DUE TO, OR AS A CON	SEQUENCE OF				
W. PRES	y the of e remote crematic	37	Canditions, if an gave rise to i cause (a), sta underlying cau	mmediate iting the	DUE TO, OR AS A CON	SEQUENCE OF				
201	a the please of the control of the c				CONDITIONS CONTRIBUTIN	G TO DEATH BUT NO	OT RELATED TO THE TERM	AINAL DISEASE OR CONDITIO	N GIVEN IN PART Tra	
50%	The sa	NO.	AOK		tenosis					
L RECO	1 11117	IFICATION	11/3/8	RATION	And tic	VHICH OPERATION V	VAS PERFORMED		IF YES, WERE FINDINGS CERTIFYING CAUSES OF YES [7]	
VITA	The state of the s	CERT	210. ACCIDENT WAS L	INDERLYING	110010 1 11 110017	H DAY YEAR	It HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN IT		
O N O	Ang s ting s wental	DICA	(IF EITHER NOTIFY MI	EDICAL EXAMINER		19	If LOCATION			
IVISIO	ter the transfer of the transf	ME		WHILE O	(AT HOME, STREET, FACTORY, O	OFFICE, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY	STATE
0	S S S S S S S S S S S S S S S S S S S		22a I certify that		ital) attended the deceased			, 10		ot (I) (we) last
-	MECTO PARTY		saw the dece abave, (1) (we 22b SIGNATURE	(did) (did na	t) view the body after death.	<i>a</i>	GREE	death accurred on the date of	nd hour and from the cau	uses stated
	AL DE		The	gory	21 Derko	la .	ATTENIDING	MEDICAL STAFF DIRECTOR PHYSICIAN	11/3/	86
	FUNER PROPERTY OFTEN	1	724 PMPSICIAN'S	SAME TINGS	of result		2e ADDRESS		P ROCK	UILLE -
	10 HOSP	23n F	BURIAL, CREMATIO	N PEMOVAL	123b. DATE		15225 O		FILD. M.	D. 20850
	BP	0	Cremat	ion.	Nov. 5. 1986	B. and		ory Laurel,	) P. Guer Co,	
		1							REGISTRAR'S SIGNATURE	

722 01 1111 10 1220 SAMELAS ASUAT The state of the s No. 1 200 - 3 1 48 2 200 3 36 1 15225 SHADY CHERT AND LEED 

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	0 88	STATE REGISTRAR	CERTIFICATE OF DEATH REG. NO.										
		OR PRINT) Rena	A •	Le	BRUN	20. DATE OF DEATH	MONTH 1989	PEAR	7:50A				
/	3 SEX	( , , ,	4. RACF	-	E OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDI		IF UNDER 24 HRS				
		Female	Caucasia		20+ 16,1906		YRS.						
3		RTHPLACE (STATE OR FOREIGN COUNTRY) SSachusetts	Th CITIZEN OF WHAT United St	MAR	_	9 BALTIMORE CITY O	GOME A	_	MD.				
1)	10. CI	TY OR TOWN OF DEATH Se the sale		ITAL, NURSING HOM LITY, GIVE STREET ADDRESS) UN DOWN	HOSA TU	120 USUAL OCCUPATION OF OF WORK FOR MOST OF HOMEMA	E WOODKING LIFE) : IN	DUSTRY	BUSINESS OR Home				
5	13a S	1 1/1		ESIDENCE BEFORE ADMISSION OF THE PLANE OF TH	13d INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP COPE X efer	RD	20814				
1			MIDDLE	LAST	15 MOTHER'S MAIDEN NA	AME		LAST	/				
1		arvey		oott	Margar			Hog	an				
/	_(1)	VAS DECEASED EVER IN U.S. AR (ES. NO OR UNKNOWN) (IF YES. GIV	E WAR OR DATEST	8-05-212	5 George K.	LeBrun, s		#13					
27		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last		2	years								
	CERTIFICATION	PART 2. OTHER SIGNIFICANT O			BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CON			CC LICED				
	TIFIC/	198. DATE OF OPERATION	178 CONDITION	FOR WHICH OPERA	HON WAS PERFORMED	YES NO V		F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?  YES \( \bigcap  \text{NO}					
	EDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	arr.	MONTH DAY YE	21c. HOW INJURY OCCUR	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OF	R PART 2)					
	MEDI	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF IN	JURY CTORY, OFFICE, FARM, ETC	211 LOCATION STREET	CITY OR TO	wn co	YTAUC	STATE				
		220. I certify that (I) (this hospital) attended the deceased from											
		THE PHYSICIAN'S NAME (TYPE O	MODILI	my AM	DEGREE  ATTENDING PHYSICIAN  1220 ADDRESS	MEDICAL STAI		II / II	86				
/	6	JAMESE	Meduc	44 JR	(4) (318)	Mocracu	Blud, Ro	they	to Tix				

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

should be detached for use as the burial-transit permit. Then please remove corbangopers. Pages with the State Dept. of Health and Mental Hygiese prior to burial, cremation, or removal.

marked or frem 18 s.m.

IMPORTANT: If Hem 21 is

injury, or other troumotic event, the

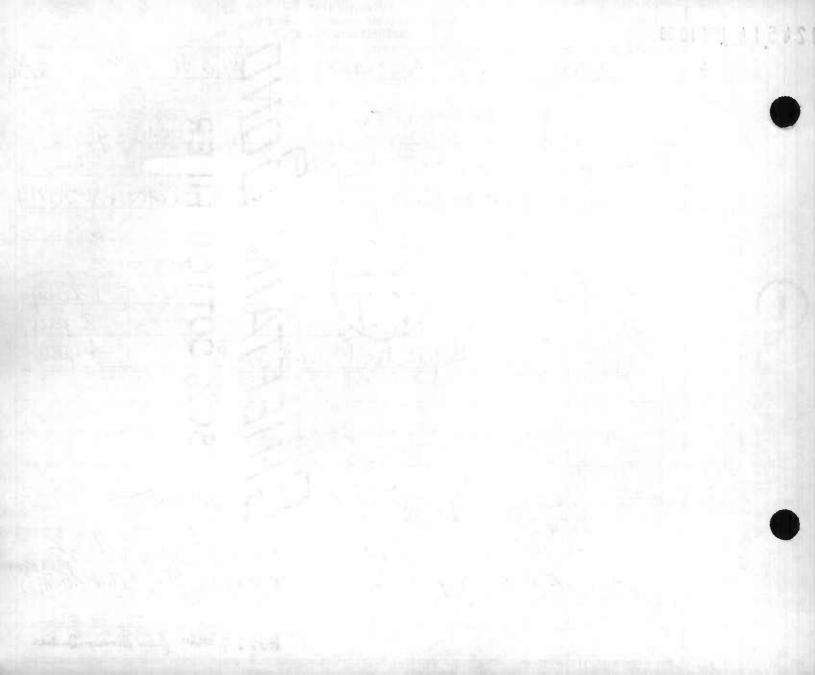
23a BURIAL CREMATION, REMOVAL Entombment

FOR

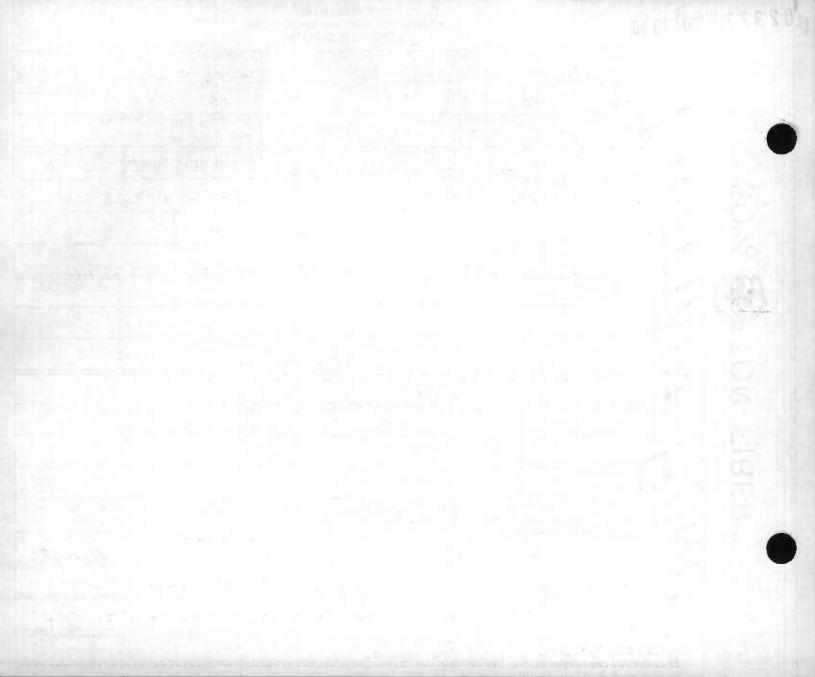
Entombment 14, 1986 Gate of Heaven Silver Sp. Mausoleum Silver Sp. Mausoleum Silver Sp. Mausoleum A. Pumphrey Funeral Homes 250 DAVE SECTION BY RECEIVER 255 To Wisconsin Ave. Bethesda, MD 20814 PA A NAME OF CEMETERY OR CHEMATORY
Gate of Heaven
Mausoleum

Silver

Spring, Maryland



023777 N	01	3 BAE REGISTRAR	DEP	2 5 6 2		
m 5	1. D	ECEASED NAME FIRST PE OR PRINTS	MIDDLE	LAST	20. DATE OF DEATH MONTH DA	AY YEAR 2b. HOUR
noy be poge 3		Kim	Wong	Lee	November 10,1	
ge 4 mc ector. p	3. S		Oriental +	5. DATE OF BIRTH  101 12 208	66 YRS	IF UNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.
orh. Po	70	BIRTHPLACE (STATE OR FOREIGN China	76. CITIZEN OF WHAT COUNT	MARRIED NEVER MARRIED WIDOWED DIVORCED		OF DEATH MD.
the tr	5 10	Olney	(IF NOT IN SUCH FACILITY, GIVE S	rsing home or other institution ireet address) General Hospital	126 USUAL OCCUPATION AT PERSON HOST OF WORKING LIFE I RESTAURANTEUR	126. KIND OF BUSINESS OR INDUSTRY RETIRED
filled in	US 130	UAL RESIDENCE (# NURSING HOME OF STATE Md. 13b COUN	OTHER INSTITUTION GIVE RESIDENCE B	BFFORE ADMISSION)		ill Road
MARYLy bed within	14	FATHER'S NAME FOY FIRST	Nai Les	E Lee Lam	Shüet	'Ħa
dicol second	160	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIALS	SECURITY NO. 17 INFORMANT	ADDRESS	
A B B B B B B B B B B B B B B B B B B B		N/A	578 46	6 8375 Wai Kuen	Lee (Wife)Same	as 13E
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120  ING PHYSICIAN: The low requires that the depth of the physician.  The this certificate has been signed by the otte of the burial-transit permit. Then please remove the men.  Pages and 2 should be fill the and Mental Hygiene prior to burial, cremation.  And Mental Hygiene prior to burial, cremation.		Canditians, if any, which	D BY:  E CAUSE (0)  DUE TO, OR AS A CONS	iardiae arrest	labe	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
o) W. PR that the deserminal, cremo or other tr		gave rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSI	EQUENCE OF Dirbetes Me	llitus	
bos, 2 quires signe hen p to bury,	Z	PART 2. OTHER SIGNIFICANT (	CONDITIONS <u>CONTRIBUTING</u> Strok	TO DEATH BUT NOT RELATED TO THE TE	rminal disease or condition give	EN IN PART Ha
TAL RECOR	CERTIFICATION	190. DATE OF OPERATION		HICH OPERATION WAS PERFORMED  N/A	YES NOW YES	WERE FINDINGS USED YING CAUSES OF DEATH?
IVISION OF VITAL R  G PHYSICIAN: The Is offending physicion.  For this certificate has she buriol-transit per and Mental Hagiene cand Mental Hagiene ked or Item 18 shows		? 1a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER			URRED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT I OR PART 2)
DIVISION ING PHYS After this os the but the ond M orked or I	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY LAT HOME, STREET, FACTORY, OF	FICE, FARM, ETC.)  211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTENDIN spital or CTOR: A I for use of Healt			tal) attended the deceased from Nov &	om <u>Tune</u> , 19 <u>86</u> , and that in (my) (our) apini		9.6 , that (1) (we) last and from the causes stated
TAL OR A y the ho RAL DIRE detoched hote Dept		22b. SIGNATURE	hellerdal	MD ATTENDING	MEDICAL STAFF  DIRECTOR PHYSICIAN	11/10/86
TO HOSPITAL (TO HOSPITAL) TO FUNERAL I should be deto with the Store I MPORTANT: If		MARK K LI			sity Blud W. Wheaton 1	MD 20902
BP		BURIAL, CREMATION, REMOVAL Burial	236 DATE 11/13/86	Parklawn Cemete.	ry Rockville M	MON't. Md. STATE
DHMH - 16 60M 7/84 (VRA 15, 4)		FUNERAL DIRECTOR Hines/Rinaldi	11800 Newson	Hamp.Ave.	Wie bech & becaptors sze begielk	ARS SEMANTHE date



REGISTRAR

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REG. N	10.					
	20. DATE OF DEATH	MONTH	DAY	YEAR	26 HOL	IR.	
	LOV.	9.	188	36	9-	1	
	6. AGE (IN YEARS LAST B	RTHDAY)	IF UNDER I YEAR		IF UNDER 24 HRS		
5	81	VDS	MONIHS	DAYS	HOURS	Min	

124 KIND OF BUSINESS OR

APPROXIMATE INTERVAL

HOW.

Choi

20854

1. DECEASED NAME N-500 1.569 5. DATE OF BIRTH 190 January 11. Female Oriental BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED DIVORCED [ WIDOWEDTY Konea Homemakor 13b COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE Potomac 8218 Tuckerman Lane Maruland Montgomery 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Unknown Choi Aegre 17. INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 225-15-4992 No Don H. Same as 13 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) PART I. DEATH WAS CAUSED BY 6 MYOCAROLAZ LWPARETOON IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause

IONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOV YES [ 216. TIME OF INJURY 710. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M. (IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN STATE AT HOME STREET, FACTORY, OFFICE, FARM ETC ) NOT WHILE

NOU 22a. I certify that (1) (this haspital) attended the deceosed from (aur) apinian death accurred an the date and haur and fram the causes stated we) (did (did nat) view the bady after death.

DEGREE ATTENDING

WETT 22e ADDRESS READER M. COAN MO

(SPECIFY) Burial Nov. 12,1986 Norbeck Memorial Park Montgomery Maryland Olney 250. DATE REC'D, BY REGISTRAR 256, REGISTRAR'S SIGNATURE Francis J. Collins Jr.

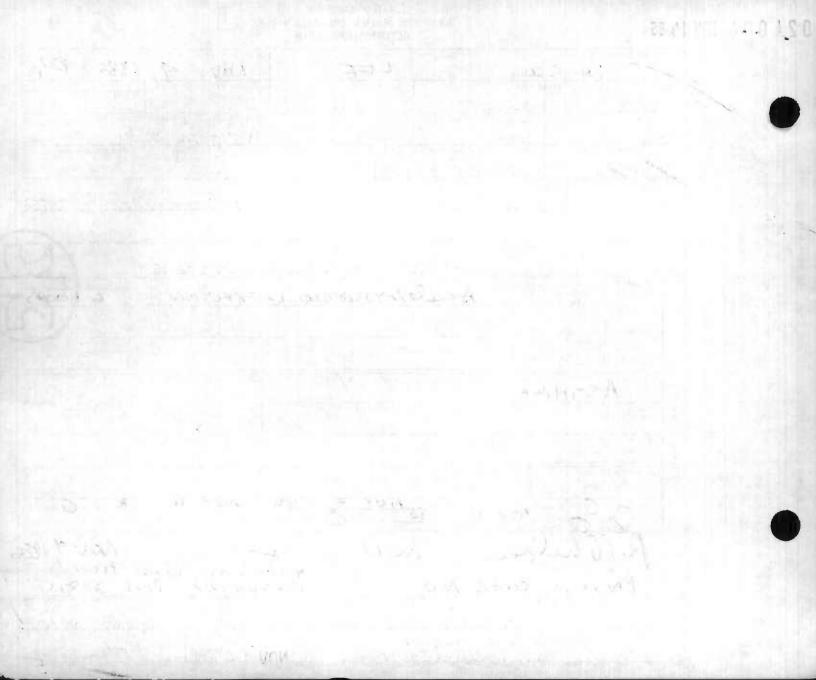
University Blvd. W. Silver Spring.

230. BURIAL, CREMATION, REMOVAL

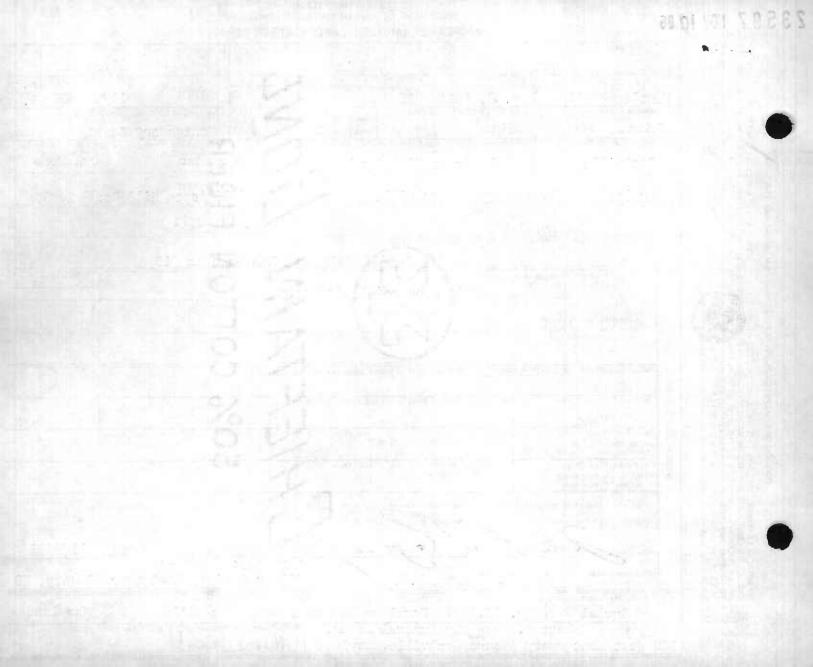
DHMH - 16 60M 7/84 (VRA 15, 4)

CERTIFICATION

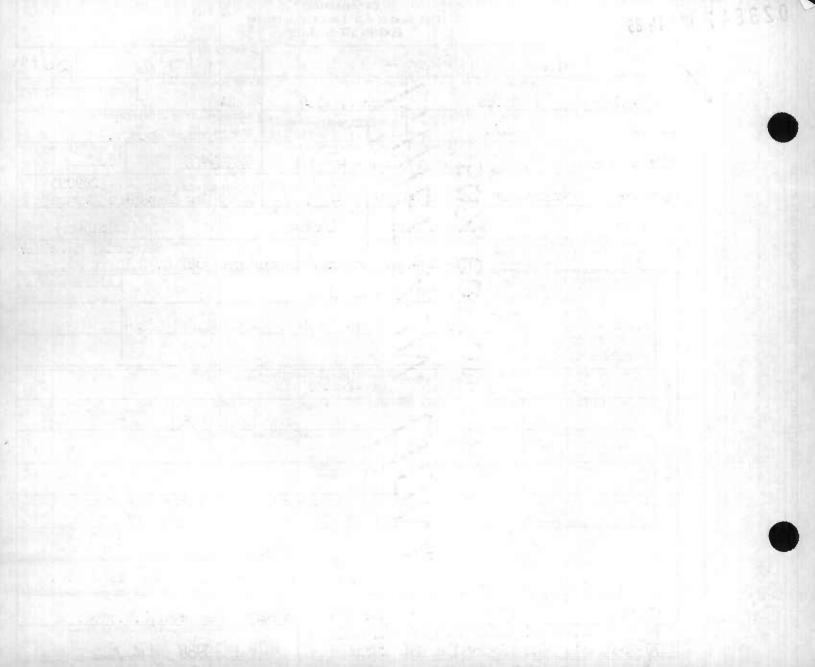
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			CEASED NAA	AE FIRST		WIDDLE		LAST		20	OF ESTI	M [X NA	ONTH DAY	YEAR	26 HOUR
	ES. ES.			Shue	t	Ha		Lee	-Lam		DEATH MATE	D 🗆	11/5	1986	AA.
	当日 支属	3. SEX	(	4 RACE	5 DATE OF BIRT	H Y YEAR	6. AGE (IN YEA				. DATE	MC	ONTH DAY	YEAR	9:55
	NECESSARY, PLEASE -UNERAL DIRECTOR. 5 FOR YOUR FILES. WITHIN 72 HOURS N-RRESTON STREET.	Fe	emale	Oriental	Sept.7,		95 YR		DAYS HOURS	MIN PI	RONOUNCED DEAD		11/5	1986	P. M
	AND THE SE	7a. B	RTHPLACE (	STATE OR	76 CITIZEN OF	WHAT COUN			□ NEVER MAR	9	BALTIMORE				1
	S NECESSAR FUNERAL FUNERAL D, WITHIN W. REEST		REIGN COUNTRY		China			WIDOWED	_		Montgo	Mary	Count	V	
	SE S	10. C	TY OR TOWN	OF DEATH	11. NAME OF H					12g USUA	LOCCUPATION	N / TYPE OF W	VORK 12b K	IND OF BU	SINESS
34	PAGE 5	D	Rockvi	110		ACDON	Hill R	oad		Home	maker	El	Ow	or industr	iY le
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	F S T S		larylar		ntgomery	KOC	kville		s 🕅 NO 🗆		9 Aspen	H111	коаа	2085	3
N.	H- SOS	11.0	FIRST		MIDDLE		LAST	15.	MOTHER'S MAID	DEN NAME	MIDDLE			LAST	
0 80	DEA	175 1	VAS DECEASI	Not AV	ailable	1.0.00		113	NFORMANT	Not Av	ailable	-	f be-		
BALTIMORE, MD.	VE PA	(Y	ES, NO, OR UNKN	IOWN) (IF YES, GIV	E WAR OR DATES		TAL SECURITY		NFORMANI		ADI	DRESS			
BAL	IRS AFTER S. GIVE PA WITH FOI PAGES DIVISION		No				<del>-80-366</del>	8 Hc	Ming L	ee Sam	e as #1	.3			
	8. 8. E. G.		18 CAUSE	OF DEATH (Enter a	D RV			MIRI					BEI	APPROXIMATE	INTERVAL AND DEATH
PRESTON ST.,	I Same		TANTID	IMMEDIA	TE CAUSE (a) AC	cute my	vocardi	al dis	ease.						
315	2 50000		100			OR AS A CON	ISEQUENCE O	F							
E	三 化	100		ons, if any, which ise to immediate			Long I								
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20	SE EX		lying co	ose rosi.	(c)		Year Y								
9	AN ELECTR		PART 2 OTNER 5	SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEA	IN BUT NOT RELA	TEO TO THE TERMI	AL DISEASE OR C	ONDITION GIVEN IN P	ART 1 to					
8	WEDIN WEDIN ASA ALTH CREM	Z	No	ne											
=	BALLET TO	CERTIFICATION	19a. DATE O	FOPERATION	19b. CON	DITION FOR	WHICH OPERA	TION WAS P	ERFORMED?				20	AUTOPSY?	
TA A	<b>ESER</b>	Ĕ		None										YES 🗍	NO X
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N	A TOWN		UNDERLYIN	G ☐ OR ING ☐ CAUSE OF		.M. MONTH	DAY YEAR		None						
1Sic	ENG SA	MEDICAL	21d. INJURY		21e PLAC	E OF INJURY	(AT HOME,	21f. LOCATI							
20	A PER CANADA	E	WHILE	NOT WHILE	STREET, F	ACTORY, FARM, ET	(C.)	STREET			CITY OR TOWN		COUNTY		STATE
	E AMA								7						
	SE SE SE		22a. I cert	lify that I taak char	CAN	described aba	ve, held an	Autopsy	, Inspectio	on LX,	Inquiry .	and in r	my apinian		
	A PER		death resul	ted fram: Natu	ral causes X,	Accident	J. Suic	ide 🔲,	Hamicide	Undeter	mined manner	<u>.</u> ,			
	2000 A V		ACTUAL /	17	1	// (		1	ITLE (SPECIFY)				475		
-	MEDICAL CUTT THE FUNERAL TRACELLA	1	SIGNATURE	- Car	1	1	The	<u></u>	Deputy	MEDIC	AL EXAMINER	5	ATE IGNED	11/6/	86
	C SEAT SEAT SEAT SEAT SEAT SEAT SEAT SEAT		EXAMINER'S	NAME 1	ohn C Da		M D	/	1919	Semina	ary Road	d .			110
	SAN		(TYPE OR PR	INT) U	ohn S. Ro				RESS Silve			ntgom	ery C	ounty	, MU
	EMCE CO	23a.Bl	PECIFY)	ATION, REMOVAL		23c. N	IAME OF CEM	ETERY OR CR	EMATORY	23d LOC CITY OR	ATION		COUNTY	- 51/	TE .
07/84 25M	BP	-		rial	Nov. 10,	1989	Parklaw	n Memo	rial Pa	rk Ro	ckville		I.	lary1	ind
23141	DHMH - 17			CTOR Robert						REC'D. BY R		REGISTRA	R'S SIGNA	TURE	
	(VR A15 ME (5))	30	0 West	Montgome	ry Avenu	e Rock	ville,	larylar	d NC	1 1 U	1986	Juine of	Taricharm	P. 1	



023842 NO	V1/-	FOR ISTUTE REGISTRAR		DEPARTI	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH		;. NO.	2 5	6 3
noy be poge 3	{TYPE	CEASED NAME FIRST		Lefkou	site	AST	20. DATE OF DEAT	7/86	DAY YEAR	1214 AM
ge 4 m		Female	4. RACE Whit	e	Marc		6. AGE (IN YEARS LAS	T BIRTHDAY) YRS	MONTHS DAYS	HOURS MIN.
A 172 ha		RTHPLACE (STATE OR FOREIGN COUNTRY)	U.S.A	F WHAT COUNTRY?	8. MARRIE WIDOWE	DENEVER MARRIED DIO	9. BALTIMORE CIT			MD.
5 5 3 4	Sil	lver Spring	Shady	SUCHEACILITY, GIVE STREET	ADDRESS)	or other institution	120. USUAL OCCUP (TYPE OF WORK FOR MC Housewil	PATION	17h KIND O	OF BUSINESS OR
# # # 24	Mai	cyland Mor	ounty tgomery	on, give residence before 134, CITY OR TOW Silver S	ADMISSIONIL	YES X NO	13e STREET ADDRES	SS / ZIP CODE  Hampsh		903) enue
ex O o o o o o o o o o o o o o o o o o o		ATHER'S NAME FIRST  I Saac	WIDDLE	Semmelm		Niriam	WIDDL	(	(Unknő	
be executed and and and and and and and and and an		VAS DECEASED EVER IN U.S YES, NO OR UNKNOWN) (IF YE NO —	. ARMED FORCES S. GIVE WAR OR DATES			Anita Ash; Dau			lbert 1	
ertificate by physicial compapers.		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA	er only one couse p USED BY: DIATE CAUSE (0)	Brauste	dic.1	emation			APPROXI BETWEEN (	MATE INTERVAL ONSET AND DEATH
by the attendin se remove corb , cremation, or		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	(b)	OR AS A CONSEQUE	(5)	Hermodone	Cashal Vasc	. l. Head	4	
quires quires risigne then pl ta buri	NOIL	Congeste	re Head	t. Failure	u	NOT RELATED TO THE TERM	INAL DISEASE OR C	ONDITION GIV	EN IN PART ) :	) '
will the low re hysician. Incore has been const because the Hygiene prior 18 sheets only 1	CERTIFICATION	19a. DATE OF OPERATION		IDITION FOR WHICH	OPERATIO		YES NO	IN CERTIF	, WERE FINDIN YING CAUSES S	OF DEATH?
SICIA ng pl certif riol-t ental	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O	F DEATH HOUR	OF INJURY A.M. MONTH DA P.M.	Y YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF	INJURY IN ITEM 18 P.	ART I OR PART 2}	
ING PHY:  attenties as the but the and M arked or	MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLAC (AT HOME.	E OF INJURY STREET, FACTORY, OFFICE, F.	ARM, ETC )	211. LOCATION STREET	CITY O	RTOWN	COUNTY	STATE
OR ATTENDO e hospital or DIRECTOR. A backed for use Dept. of Heal		220.1 certify that (I) (this h sow the deceased alive above, (I) (we) (did) (did	on 11	- 6 19 7	(6_, ar	d that in (my) (our) opinion o	deoth occurred on th	,	ond from the	that (I) (we) last couses stated
		22b. SIGNATURE	43	angeno	_ /	DEGREE ATTENDING PHYSICIAN	MEDICAL S	STAFF SICIAN	11c. DATE	
O FU O FU O FU A POR		22d. PHYSICIAN'S NAME (T	Bur	ret mo		200 Medical	Park Dr	Silver	Spring	, me
BP	(	urial, cremation, remo Burial	11/9/	'86 Nev	v Mont	enetery or Crematory Cefiore Cemete		awn.,L.	I.,N.Y.	
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FU 117	INERAL DIRECTO DANZA 70 Rockville I	NSKY-GOL Pike; Roc	DBERG MEM ckville, M	RIAL 1. 208	CHAPELS 250 DATE N	E REC'D. BY REGISTR		RAR'S SIGNATI	



## STATE OF MARYLAND

DEPA

RTMENT	OF	HEALTH	AND	MENTAL	HYGIENE	
CE	RTI	FICATE	OF	DEATH		

-1		REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0.		
		CEASED NAME FIRST	Levi _	Jacks	on	AST Legg	20. DATE OF DEATH	MONTH OAY	YEAR	2b HOUR
-	111111	Levi		) Le	GG		11/13/86			2:55 AM
1	3. SEX	Х.	4 RACE		S. DATE C		6 AGE (IN YEARS LAST BIR		JNDER I YEAR	IF UNDER 24 HRS
	_	Male	Caucas		Jan	0 100/	82	YRS	VIHS DATS	HOURS MIN.
-		RTHPLACE LIATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9. BALTIMORE CITY C	R COUNTY OF	FDEATH	
2	We	est Virginia	U.S.	Α	WIDOW	DIVORCED	Monte	ome	Y	MD.
2	10 CI	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPATI	ON	176 KIND O	F BUSINESS OR
4	B	bethesda	Subust	nn Hoso	ital		Miner			ining
- 10		AL RESIDENCE (IF NURSING HOME TATE 13b. COL		GIVE RESIDENCE BEFORE		A 191 INICIDE CITY LIMITED	13e STREET ADDRESS	/ 71D CODE		
SI	6		tgomery	Rockvil		13d INSIDE CITY LIMITS?	12102 La		e Driv	re/20852
1	14. FA	THER'S NAME				IS MOTHER'S MAIDEN NA	ME			
/		William	Marcus	Leg	~	Emma	May		Hugh	20
	In V	VAS DECEASED EVER IN U.S. A		16b SOCIAL SECU		17 INFORMANT (daug		ESS	Hugh	
		222	GIVE WAR OR DATES)			Anna F. McCl		00 12		
		No		236-09-9		Anna F. MCGI	ung // Same	as 15	ABREON	MATE INTERVAL
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one cause per SED BY.	ling for (a), (b), oh	dic. D	11hinston	L. //10	1	BETTEN	MATE INTERVAL ONSET AND DEATH
А		IMMEDI	ATE CAUSE (a)	a con	R	war y	AMILON	7	14	VV
	9		DUE TO, OF	R SO CONSEQUI	ENCEROF	Line >	11-11-	~	101	mo
		Conditions, if any, which gave rise to immediate	(b)	Dem		0017/	Here		1	71
		cause (a), stating the	DUE TO, OF	R AS A CONSEQUI	ENCE OF				0	
		underlying cause last.	(c)							
	N.	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CON	DITION GIVEN	IN PART 110	
n	CERTIFICATION	190 DATE OF OPERATION	19b CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206 IF YES, V	VERE FINDIN	IGS USED
	FIC						YES TO NOT	IN CERTIFYIN	G CAUSES	OF DEATH?
Š	ERT	210 ACCIDENT WAS UNDERLYING	216 TIMEO	FINJURY		21¢ HOW INJURY OCCUR		7	LOPPARIZI	140
P		OR CONTRIBUTING CAUSE OF D	EATH HOUR A.	M. MONTH D			TENER MAIORE OF THE	at hatight in the	· On · Ant e)	
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN	21e PLACE		19	211 LOCATION				- 23
3	ME			EET FACTORY, OFFICE F	ARM, ETC )	STREET	CITY OR TO	WN /	COUNTY	STATE
1		AT WORK		1	1	1 K 65		117	-	
		22a.1 certify that (1) (this-has saw the deceased alive of	1/	e deceased from	-	(A) (A)	to			that (I) (re) last
П		above, (1) (we+tdid) (did i	nat) view the body	ofter death.	-	nd that in (ppy) (aur) apinian	death accurred on the d	are ond nour a		
		226 SIGNATUR	1/1	1 (/	A	DEGREE	MEDICAL STA	FF	22c. DAT	SIGNED
į.		JIM -	11/11	NON		PHYSICIAN D	OIRECTOR   PHYSIC	IAN 🗌	1 11	1)/10
		THE PARTY TAN'S NAME (TYPE	OR PRINT)	Men	1.	22e ADDRESS	in all la	7161	1,00	PIM
		19605	2. 10	AND	0//	p round	M. M.	Must	رسر عاد	0 / /
		BURIAL, CREMATION, REMOVA	L 23b. DATE	23€ 1	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		OLINITY -	STATE
		Burial	16 Nov	7 86 W	allac	e Memorial Ce		intonvi		WV
	24 FU	UNERAL DIRECTOR		ADDRESS			E REC'D. BY REGISTRAR	25b. REGISTRA	R'S SIGNAT	URE

DHMH - 16 60M 7/84 (VRA 15, 4)

Capitol Funeral Service, Falls Church, VA

Alia Tiondon Porter

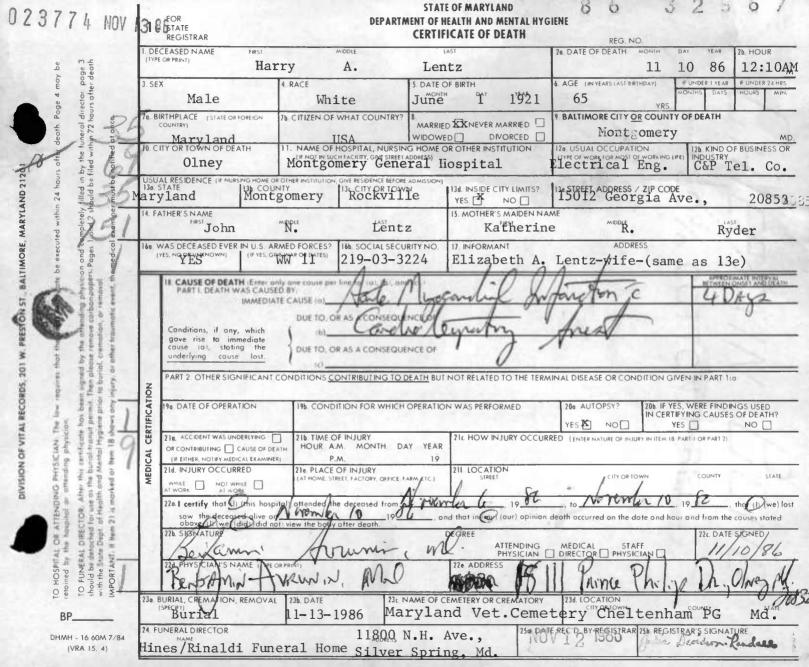
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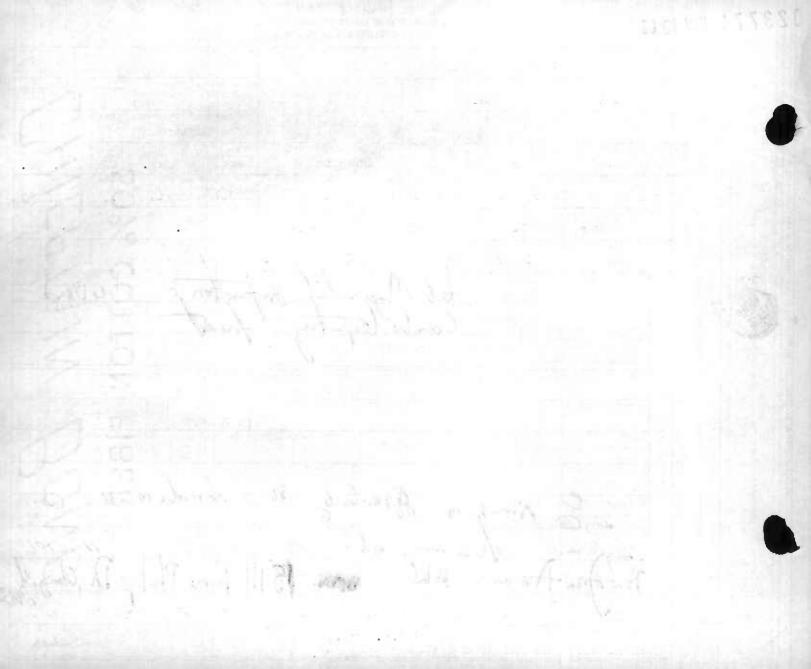
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171	+ 45	F NOA !	JD	DEASED NAME FIRST		MIDDLE		LAST	20. DATE	OF DEATH	MONTH	DAY YEAR	26 HOUR
	y be	de la		GLE	N IRVIN	LEONARD			NOV	EMBER	14 19	986	12:35 M
	a a	à la	3 SE	X	4. RACE	The state of	5. DATE	OF BIRTH H DAY YEAR	6. AGE III	YEARS LAST BIRT	HDAY)	MONTHS DAYS	IF UNDER 24 HRS
	ge 4	0 272		MALE	CAUCA	SIAN		RUARY 21 1937	49		YRS.		The state of the s
æ	h. Po	2 ho		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY	MARRIE	D MEVER MARRIED	9. BALTIM	ORE CITY O	R COUNTY	Y OF DEATH	4-6-11
	deot	1		ICHIGAN		STATES	WIDOW	ED DIVORCED	OM I	NTGOME			MD.
	fter the f	Mile De La Company	10 C	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSI CHEACILITY, GIVE STREE	NG HOME (	OR OTHER INSTITUTION		OCCUPATION MOST OF			F BUSINESS OR
201	2 20			ETHESDA		AVAL HOS				IRED	-		ARMY
LAND 21	filled in	Shooid be	30. S VI	AL RESIDENCE (IF NURSING HOME C STATE 13b. COU RGINIA PRING THER'S NAME		136. CITY OR TON	VN	13d. INSIDE CITY LIMITS?	1342	ADDRESS / 2 PINE		DRIVE 2	21919
ARY	1	30m	14. FZ	FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN N		MIDDLE	la de	ainabÎ	T _ \
¥,	uted	30.8-	140 1	Loide ADDI:	SON LEON	ARD 1166. SOCIAL SEC	LIBITY NO	ELEA 17 INFORMANT	NOR	ADDRE		lainabi	Le)
AORI	exec	edic oges	- (	YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)								
LTIA	e pe	d E		YES Vie	t Nam	382-34-		SHIZUE LEONA WOODBRIDGE			ETREE		IMATE INTERVAL ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	res that the death cer and by the attending	i please remove corbo iurial, cremation, or re y, or other traumatic e		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost  PART 2 OTHER SIGNIFICANT	DUE TO, O	r as a consequ	JENCE OF	UNKNOWN PRIMA		SE OR CONI	DITION GIV	VEN IN PART 1	0
ORDS	requi	Ther or to b	CERTIFICATION										
RECO	low s be	e pride	FICA	19a. DATE OF OPERATION	196 COND	ITION FOR WHICH	HOPERATIO	N WAS PERFORMED	20a AU	TOPSY?		S, WERE FINDING CAUSES	
TAL	The icion	Show Show	RTI	210. ACCIDENT WAS UNDERLYING	7 21b. TIME C	NE IN HIDY		Tat. How halling occu	YES [	NOX		ES 🗌	№ □
OFVI	SICIAN: ig phys	Mentol Hygi		OR CONTRIBUTING CAUSE OF DI	HOUR A.	M. MONTH D	AY YEAR	21c HOW INJURY OCCU	JKKED (ENTERI	NATURE OF INJUR	Y IN ITEM 18	PART I OR PART 2)	
IVISION	offendir ter this	s the bu	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e, PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE,	FARM, ETC.)	211 LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
۵	NDIN OF AF	deolth is no		220.1 certify that (I) (this hosp	otol) ottended th	e deceased from,				OVEMBE			that (I) (we) lost
	ATTE splite CTO	1 for n 21		sow the deceased alive a above, (I) (we) (did) (did n	ot) view the body	ofter deoth.	00	nd that in (my) (our) opinio	n deoth occur	red on the do	te and hou	or and from the	couses stated
	AL OR the ho	detochec ste Dept IT: # Her		THE ME	kune	e n	D	DEGREE ATTENDING PHYSICIAN	MEDICA DIRECTO	L STAF	F IAN	27c DATE	SIGNED . 14-86
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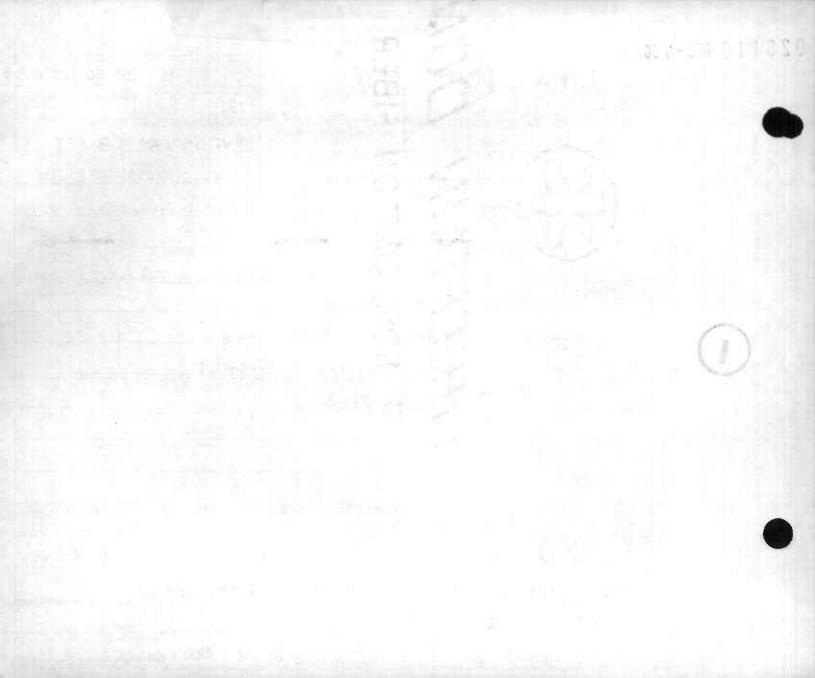
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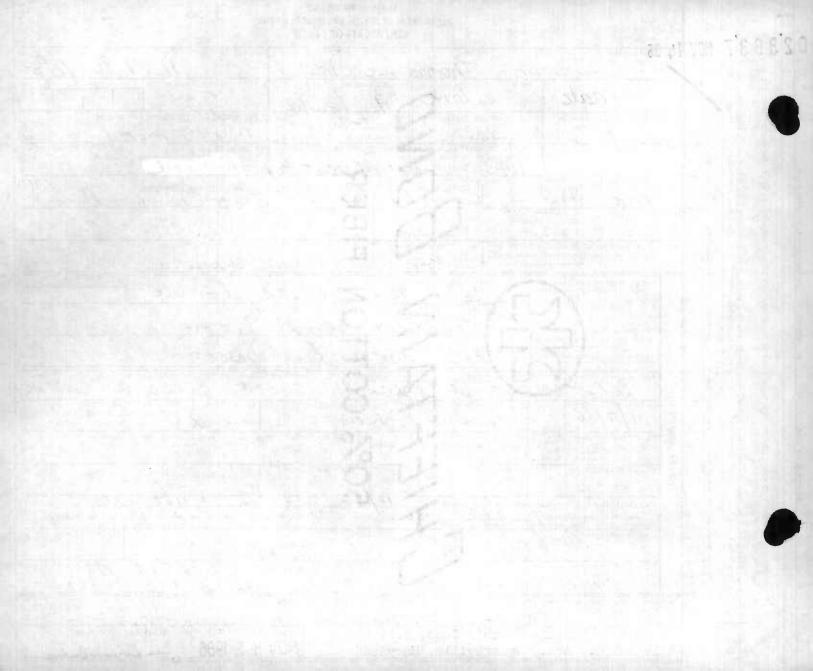
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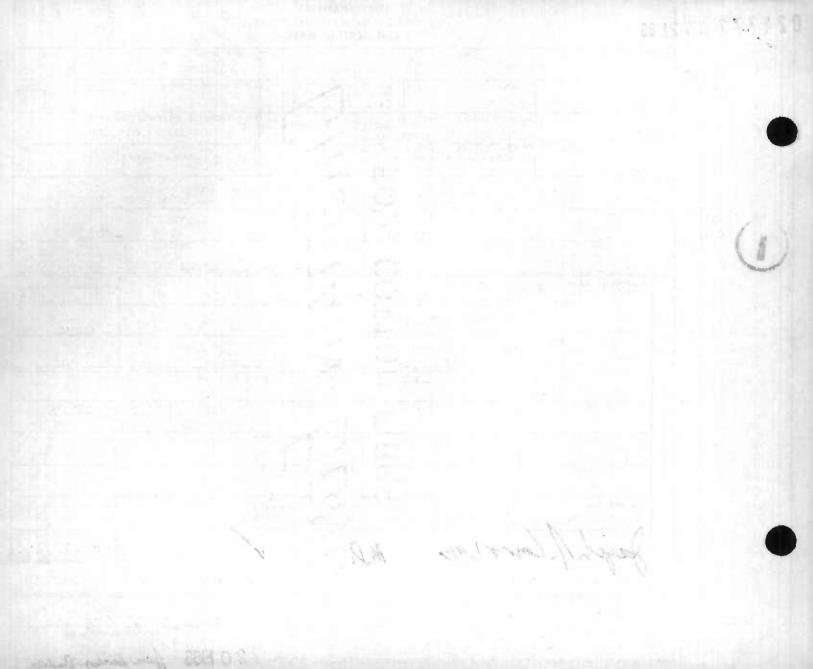


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ORen red	CERTIFICATION	KETLICOT	1 CPV 1	OF	SCAN	57.00				_	
EC ov	Y 190	DATE OF OPERATION	196 CON	DITION FOR WHICH	. ^		200	AUTOPSY?	IN CERTIFY	WERE FINDIN	GS USED OF DEATH?
he ho ho ho ho ho ho ho	FIE	11/1/06	CO	CANARY	4-10156	ASE-	YES	NOM D	YES		NO 🗌
NG PHYSICIAN: The low require of the third of the this certificate has been signed the buriol-transit permit. Then hand Mental Hygiene prior to be orked or item 18 shows any injury orked or item 18 shows any injury.	210	ACCIDENT WAS UNDERLYING		OF INJURY	V V5.45	It. HOW INJURY O	CCURRED (E	NTER NATURE OF INJL	IRY IN ITEM 18 PAR	RT I OR PART 2)	1 1 1 1 1 1 1 1 1
Physical Phy	AL OR	CONTRIBUTING CAUSE OF DE	ATT	A.M. MONTH DA	19						
ON O HYSIC Ins cer buring Men or He		FEITHER NOTIFY MEDICAL EXAMINE		P.M. E OF INJURY		If LOCATION					
PH the thind I	WEI	HILE NOT WHILE		STREET FACTORY, OFFICE, F.		STREET		CITY OR TO	NWO	COUNTY	STATE
NG NG offer orke	AT	VORK AT WORK			/				1/4	75.7	
a seed a	220	I certify that (1) (this hasp	ital) attended	the deceased from_	11/	. 19	86 , to		1/7	9.86	that (I) (we) last
hospital hospital RECTOR RECTOR Red for unit fem 21 is		saw the deceased alive of	w the box	7 198	G dnd	hat in (my) (aur) op	pinian death o	occurred on the d	ate and hour	ond from the	causes stated
	22b	SIGNATURE	/	y dife. dedin.	DE	GREE				22c. DATE	SIGNED
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BP	Buri		11-11	-86 Ft	Linco	ln Cemete	rv R	rentwood	1. P.G.		
		RAL DIRECTOR Franc		h's Sons	PA			D. BY REGISTRAR			
DENAIT - 10 00/41 / / 64		NAME		ADDRESS		- A	NOV 4	2 1986			^
(VRA 15, 4)	4/35	Balto., Ave	., nyat	tsville, I	larylan	.a [1	TOV	4 1300	Julia d	dordon.	Candree



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			CEASED NAME	FIRST	OF THE	MIDDLE	,	LAST	20.	DATE OF DEATH	MONTH	DAY		26 HOUR
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		3. SE	·	III T	4. RACE			OF BIRTH	6. A	GE (IN YEARS LAST I	BIRTHDAY		ER 1 YEAR	IF UNDER 24 HRS
ge 4		1	female		whi	te	Ma	ch 3,19	Õ O	86	YRS	MONTHS	DAYS	HOURS MIN.
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مَ فِي الْمُ	8/1	10 C	TY OR TOWN OF DE	ATH		HOSPITAL, NU		OR OTHER INSTITUTI	ON 12a	USUAL OCCUPA	TION	126		BUSINESSOR
by # By	Se /	1	Rockvill		SHADY	GROVE	Adupa	hst Hos		Seamstr		LIFE) 114		wing
hour hour	271	USU. 13a. S	AL RESIDENCE (IF NUR	SING HOME OR	OTHER INSTITUTION	13c. CITY OR	BEFORE ADMISSION)	113d. INSIDE CITY LIV		STREET ADDRESS				11 24 4 5 5
AND 1,24 fille puld	27		ryland	Balt	imore	Balt:	imore	YES NO		6303 Di		Ave	. 21	206
RYL,	学へ	M. F.	THER'S NAME	JE DO	MIDDLE	LAST		15. MOTHER'S MAII	DEN NAME	WIDDLE				
MA ed v	EL	1	Paul		Model	Dieta	zel	Magda:	lina	WIDDLE		Scl	hlin	der
BALTIMORE, MARYLAND Clebe executed within 24 psyciometric completely filled opers. Page 1 and 2 should	dicol		VAS DECEASED EVER		MED FORCES?	166 SOCIAL	SECURITY NO.	17 INFORMANT		ADD	RESS 97	01 7	Veir	s Drive
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SALTIIA Breebe Brees, P	Œ,		18 CAUSE OF DEAT PART I. DEATH V	H (Enter on	ly one cause pe	er ling to (o), (b	), ond /	0					APPROXIA BETWEEN O	MATE INTERVAL
+ + 400	even		PART I. DEATH W		D BY: TE CAUSE (a)	URA	MILEGA	TIVE ) (3)	10515				ACU	te
he death certine of the attending persons or remove carbon mation, or rem	offic					OR AS A CONS	FOUENCE OF					2		
deat deat	600		Conditions, if any		(b)_									
the the emo	er tr		gove rise to im- couse (a), statil	mediate ng the	DUE TO, C	OR AS A CONSI	EQUENCE OF						111.5	
that that those those ol, cr	roth		underlying couse	lost.	(c)_									
S, 20	٥. ٢٢.	7	PART 2. OTHER SIG	NIFICANTO	CONDITIONS C	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO TH	HE TERMINAL	DISEASE OR CO	NDITION	SIVEN IN	PART 10	
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir offending physician. If this certificate has been sign as the burial-transit permit. Then hand Amendi Hygiene prior to b.	ig	CERTIFICATION												
REC.	sony	\ \S	19a DATE OF OPERA	TION	196 COND	DITION FOR WI	HICH OPERATIO	N WAS PERFORMED	2	On AUTOPSY?			E FINDING	GS USED OF DEATH?
TAL The cron re ho	\$Z	E								ES NO X		YES 🗌		NO 🗆
AN: ohysical front	8 /		OR CONTRIBUTING	_	21b. TIME O	.M. MONTH	DAY YEAR	21c. HOW INJURY	OCCURRED	(ENTER NATURE OF IN.	JURY IN ITEM I	8 PART I O	RPART 2)	
SICI SICI SICI SICI Cent	# de	MEDICAL	(IF EITHER NOTIFY MED	CAL EXAMINER	P	.M.	19							
PHY ending this	o pa	ME	21d INJURY OCCUR			OF INJURY	FICE, FARM, ETC )	211. LOCATION STREET		CITY OR I	OWN	cc	YINUC	STATE
NG Page the state of the state	orke		AT WORK AT WO	RK			- U.	/	de	1/11			-	
TEND to lo	E .s		220.1 certify that (1)	(this hospit	foll offended the	he deceased fr	64,	. 19.	07	10/400 4		. 192	7	not (I) (we) lost
TA AT	n 21		saw the deceas abave, (I) (we) (	ed olive on, <del>did1</del> (did na	t) view the bady	y after death.	19_09, 0	nd that in (my) (auc)	opinion death	occurred on the	date and h	our and t	from the c	auses stated
OR e ho	He He		226. SIGNATURE	111	1	1		DEGREE				2	2c. DATE S	IGNED
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O HOSI etomed TO FUN should b	MPORTAN		Thomas	50.	Dorle	YI MY		0	CNEY	mo.	2083	1		
5 5 7 3	≤ 1	23a B	URIAL, CREMATION,	REMOVAL		0 700	23c NAME OF C	EMETERY OR CREMA	ATORY 2	3d. LOCATION		270	NTV	STAYE
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DHMH - 16 50M	4/B2		NERAL DIRECTOR			ADDR	455		250. MAV	1 4 198t	R 25b BEG!	STRAR'S	SIGNATU	IRE
(VRA 15, 4)		H	ysong Co	. 130	00 N S	treet.	N.W.	Wash, D.	1104	7 4 .000	Stule	a du	order.	Kerens

24772 NOV:	21.	FOR STATE SEGISTRAR		DEPART	MENT OF HEALTH AND MENTAL HY  CERTIFICATE OF DEATH	GIENE 5 5	2 3 / 4
a 21 w		REASED NAME FIRST RAW	olle	MIDDLE	Lochridge		1986 8:00pm
4 4 moy	1 SE	x Male	1 RACE Caucas	sian	5. DATE OF BIRTH Feb. 25, 1894	6 AGE (IN YEARS LAST BIRTHDAY) 92 YRS	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
or 72 hou	Ar	RTHPLACE (STATE OR FOREIGN COUNTRY)	Unite		MARRIED   NEVER MARRIED	Montgomery Co	ounty, MD.
90	Ro	ockville	Collin	igswood	NG HOME OR OTHER INSTITUTION ADDRESS) NUrsing Home	(Type of work for most of working LI Agent	IZE KIND OF BUSINESS OR INDUSTRY Real Estate
135	Ma Ma	-	tgomery	Silvers	Springes No.	13e STREET ADDRESS / ZIP COD 75 East Wayn	20901 de Avenue
1750		P.  VAS DECEASED EVER IN U.S.	D.	Lochric		ta	Rawolle
The form		YES NO OR UNKNOWN) (IF YES. WW	GIVE WAR OR DATES)	578-36-	-1821 Colleen C	. Hermach Rock	
ST., BA School Bongape Interest		18 CAUSE OF DEATH (Enter PART I, DEATH WAS CAU IMMED	only one cause pe ISED BY: IATE CAUSE (0)	Resp:	iratory Arrest		approximate interval BETWEEN ONSET AND DEATH  10 minutes
or W. PRESTON that the death c d by the otrendil sele remore cort or, cremation, or or other troumoti		Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last.	(b) DUE TO, (c)		monia ENCE OF Respiratory Ill		5 days
W RECORDS, 2  We have required on the permet frame prior to but been signed from the permet frame permet	THEATION	Organic Br	ain Syn	drome;	DEATH BUT NOT RELATED TO THE TERM Heart Block; OPERATION WAS PERFORMED	Syncope  20a AUTOPSY? 20b. IF YE IN CERTII	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \( \begin{array}{cccccccccccccccccccccccccccccccccccc
PHYSICIAN T sending physicians the busicians the busicians and Mental thysicians do new Term 2 th	MEDICAL CER	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM) 21d INJURY OCCURRED	DEATH HOUR A	OF INJURY	19	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)  COUNTY STATE
ATTENDING oppids or office CCTOR, after of for use or it of Mediffu		20.1 certify that (I) (this has saw the deceased alive above, (I) (we) (did) (did)				, to NOV • 14	
PHOSPITAL OR correct by the In SEUNBALL DIRE muld be detected in the Stone Dep		Joseph D.		, M.D.	22e ADDRESS	PAEDICAL STAFF DIRECTOR   PHYSICIAN    eorgetown Rd.	Nov.15,1986 Bethesda,MD
8F		Burial, Cremation, Remov	20, 1	.986 Ar:	NAME OF CEMETERY OR CREMATORY Lington Nationa	23d LOCATION CITY OR TOWN  Arlington,	COUNTY STATE Virginia
DHMH - 16 60M 7/84 (VRA 15, 4)	30	O West Mont	rt A.Pu gomery	mphrey I Ave.Rocl	Funeral Home Standard NI	TE REC'D. BY REGISTRAR 256, REGIS	TRAR'S SIGNATURE



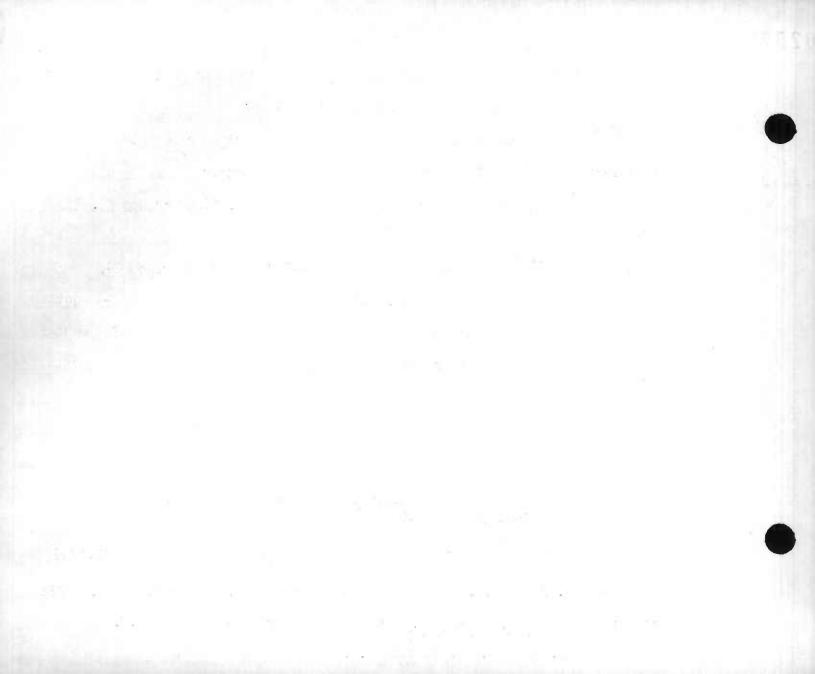
6 4 1 4 NOV 19	FOR STATE REGIST	RAR	C	EPARTMENT OF	E OF MARYLAND FEALTH AND MEN FICATE OF DEA		8 6 REG. NO	3 2	2 5	1 5
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nay be page 3	(TITE ON PRINT)	RODERT	LELAND	40	PETNESS			11 6	56	3:15 p
ector.	3. SEX MAL	ъ	WHITE	5. DATE (		YEAR S.A.C	GE TINYEARS LAST BIRT	YRS.	DER I YEAR	IF UNDER 24 HRS
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ofter of the full of the death	BETHES		11. NAME OF HOSPITAL (IF NOTIN SUCH FACILITY, C 505 BENT BRAN	WH RO. BE	4.4		USUAL OCCUPATION OF WORK FOR MOST O		L KIND OF	BUSINESS O
tilled in	MARYL	ENCE (IF NURSING HOME OF 136 COU	NTY I3c CITY	NCE BEFORE ADMISSION) OR TOWN H5504		5	TREET ADDRESS		). BETH	JOY 6
(m)(50)		NAME PLE	SLG Loi	CTNESS	15 MOTHER'S MA	_	WIDDLE		MONS	SN
National /	I 60 WAS DEC	UNKNOWN) (IF YES, GI	VE WAR OR DATES)	14-4566	DORIS LO	etness 3	5805 BENT		Po. Bét	YOSIL
guine that the deal great by the atter her please remotion, to breat cremation, yury, or other troum	gove cause underl	ions, if any, which rise to immediate (a), stating the ying cause lost.	DUE TO, OR AS A CO	INSEQUENCE OF	NOT RELATED TO	THE TERMINAL I	DISEASE OR CONI	DITION GIVEN IN	PART 110	
by fow set been to the form th	21a. ACC	E OF OPERATION	196 CONDITION FOR	R WHICH OPERATIO	N WAS PERFORME		a AUTOPSY?	20b. IF YES, WE IN CERTIFYING YES	RE FINDING CAUSES C	SS USED OF DEATH?
Scian in physic certificate principle and the physic certificate principle and the physical transfer and tran	OR CON	IDENT WAS UNDERLYING TRIBUTING CAUSE OF DE ER NOTIFY MEDICAL EXAMINE URY OCCURRED		19	216 LOCATION	Y OCCURRED (	ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 (	OR PART 2)	
After the but	WHILE AT WORK	NOT WHILE AT WORK	(AT HOME, STREET, FACTOR	Y, OFFICE, FARM, ETC.)	STREET	al.	CITY OR TO	A	YINUO	STATE
ATTENDI hipholio CTOR, A 31s. ote 1 af Heal n 21 is m	saw	the deceased alive or ave, (I) (we) (did) (did go	ital) attended the decrase  AVIIIII at) view the bady after deat	19 86	nd that in (my) (aur	) apinian death	occurred on the do	ite and hour and		at (1) (we) la suses stated
RAL DR. RAL DRE denotes the Den		NATUR	mK			NDING ME	DICAL STAF		22c. DATE S	SIGNED
CO HOSPIT etc. Hed by TO FUNER Howld the d		FRED SHI	тН		22e. ADDRESS					
	(SPECIFY)	REMATION, REMOVAL		23t. NAME OF C	EMETERY OR CREM	AATORY 23	LOCATION CITY OR TOWN	cou	NIY	STATE
BP	Re:	moval	11-6-86			Tat- DATE DEC	D BY DECIEVE 12	AL DECKER	. 610	
DHMH - 16 60M 7/84 (VRA 15, 4)	NAM			ADDRESS	Md.	NOV 1	1986	SB. REGISTRAP	SIGNATU	hes

Morender St. Hopeles St.

NOV: 7: 1986 this triem there

11-1-18

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26226 DEC.	_p 0	STATE REGISTRAR				ICATE OF DEATH	REG. N	Ο.	
m 5		ECEASED NAME FIRST		MIDDLE	Į.	AST	2a. DATE OF DEATH	MONTH DAY	YEAR 26 HOUR
nay be poge 3		DORIS	S	L	OVELL		November 2	8 1986	8:10 Pm
	3. S	EX	4. RACE		5. DATE C	F BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDE	ER TYEAR IF UNDER 24 HRS
ge 4	L	Female	Black		Nove	mber 15 1919	67	YRS.	
2 ho di	7a. I	COUNTRY) British	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIEI	NEVER MARRIED	9 BALTIMORE CITY C		ATH
of of other	W	est maies	unitea		WIDOWE	Table 1	Montgomery		MD.
50 PM	71	CITY OR TOWN OF DEATH	(IF NOT IN SU	CH FACILITY, GIVE STREET	ADDRESS)	R OTHER INSTITUTION	120. USUAL OCCUPAT	OF WORKING LIFE) IND	KIND OF BUSINESS OR
E CE		lver Spring		iney Bran		ad	Teacher	Sc	chools
SALTIMORE, MARYLAND 2120 cate be executed with systicon and completel opers. Pages 1 and 2 should woll. the medical explane back	130.		ounty otgomery	13c CITY OR TOWN	N	13d. Inside City Limits?	13e.STREET ADDRESS 8830 Piney	ZIP CODE	D4 30003
A PROPERTY OF		ATHER'S NAME	reguliery	1 STIVET	opt in	15. MOTHER'S MAIDEN NA		Dianell I	Ru. 20903
MARYI ed with engletel		ANTHONY	MIDDLE	DALY		MABLE	PETERS		LAST
AORE, ond co ages 1	1 160	WAS DECEASED EVER IN U.S	ARMED FORCES?	16b SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRI	SS	
be executed on and control of the secontrol of the secont		NO NO OKONKNOWN) (IF TE	S, GIVE WAR OR DATES)	098-26-78	867	Maxine Daly	8830 Piney		
BALI care l spers		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA	er anly ane cause pe	r line for to1, (b1, and	dicut				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
			DIATE CAUSE (a)	Cancer Me	tasta	tic		3	-4 months
On the corbin or	1			OR AS A CONSEQUE					
deo deo atte		Conditions, if any, which	(b)	Cancer Pa	ncrea	se		3	-4 months
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ol W thot d by leose ial, c			- (c)_	Cancer Co					-4 months
quires quires signe the plury, or hivry, or hi	Z	PART 2 OTHER SIGNIFICAL	nt conditions <u>c</u>	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	winal disease or con	DITION GIVEN IN	PART 1(0)
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2 of to 12		saw the deceased alive above, (1) (we) (did) (die	e on Nov. 1	8 19 8	, an	d that in (my) (our) opinion	death occurred on the d	ate and hour and f	ram the causes stated
8 - 8 5 5 F		22b. SIGNATURE	1. /.	2		DEGREE			2c. DATE SIGNED
At O At D At D Set		duy	2080			ATTENDING . PHYSICIAN	MEDICAL STA	FF CIAN [	12/1/86
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5 5 5 4 ¥ ₹	23a	BURIAL, CREMATION, REMO			AME OF C	EMETERY OR CREMATORY	23d. LOCATION		
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DHMH - 16 50M 4/B3		UNERAL DIRECTOR MCG	uire Fune	eral Servi	ce	25a. DA	TE REC'D. BY REGISTRAR	256. REGISTRAR'S	SIGNATURE
(VRA 15, 4)		7400 Geo	rgia Ave.	. Washingt	on, E	.C.	DEC 4 1986	Jaka 1	Tividgon Pondace



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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- N	REGISTRAR				CERTIF	CATE OF	DEATH	· R	REG. NO.			
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3. SEX	X		4 RACE		5 DATE O		25.0	6. AGE (IN YEARS	LAST BIRTHDAY)	IF UNI	DER I YEAR	IF UNDER 24
	Male		White		MONTH	DAY	YEAR	75	,	rRS.	DATS	HOGKS
	RTHPLACE (STATE OR	OREIGN		WHAT COUNTRY?	8	The service		9 BALTIMORE			EATH	
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10 CI	Russia ITY OR TOWN OF DEA	ATH		HOSPITAL, NURSIN	IG HOME O			120. USUAL OCC	UPATION	121	b. KIND OF	F BUSINESS
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	VAS DECEASED EVER		MED FORCES?  E WAR OR DATES)	166 SOCIAL SECU	RITY NO.	17 INFORM	ANT		ADDRESS			
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5	above (I) write	To make to	11-	25 10 2	0		(our) opinion	death occurred or	the dote on	d hour ond	from the c	
	276 SIGNAMENT	hey	Julia	of mi)			ATTENDING PHYSICIAN [	MEDICAL DIRECTOR	STAFF PHYSICIAN (		IT DATE !	6.16
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	BURIAL, CREMATION,	REMOVAL	23h DATE	23c N	NAME OF C	EMETERY OR	CREMATORY	23d LOCATIO	N	cou	INTY	STAT
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24 FU	INERAL DIRECTOR						2 to PAT	E REC D BY AGE	BRAR 26 B	EGISTRARS	SIGNADI	IRELALA
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DHMH - 16 60M 7/B4 (VRA 15, 4)

TO HOSPITAL

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an after	1.56	FEMALE	NHITE	S. DATE OF BIRTH  SUNE 27 1909	77 YRS.	IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
1 4 4 4 4 3 3 4 4 4 4 4 4 4 4 4 4 4 4 4		RTHPLACE ISTATE OR FOREIGN COUNTRY) VIRGINIA	76 CITIZEN OF WHAT COUNTRY? U-S.A	MARRIED № NEVER MARRIED' ☐ WIDOWED ☐ DIVORCED ☐	9 BALTIMORE CITY OR COUNTY  MONTGOMER		MD
The state of the s	7	AKONI PARK	NASHING TON	ADVISATIST HUSPITAL	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE TO MEMAKE?		F BUSINESS OR
	13a. 3	M) ISE COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY 130. CITY OR TOV TRUMERY TAKOMA	PALK YES NO [	130.STREET ADDRESS / ZIP CODE 7051 CARROLL	AVE	2091~
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be essent on and a Fager.		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? 166 SOCIAL SECTIVE WAR OR DATES) 2-27-05	-9722 RECORDS ON	I FILE		
a physici on poper emoval.		PART I. DEATH WAS CAUS		only Arres	4	BET WEEN C	MATE INTERVAL ONSET AND DEATH
death or otherding over corb front, or r		Canditions, if any, which	DUE TO, OR AS A CONSEOL				
that the top the solic cremo		gave rise to immediate cause (a), stating the underlying couse last.	DUE TO, OR AS A CONSEOL	ENCEOF			
equires in signer. Then plant in to busin minny, o	NO	PART 2 OTHER SIGNIFICANT  Hydrocepha	0	DEATH BUT NOT RELATED TO THE TERM		EN IN PART 11a	s
1 1 2 1 9	CERTIFICATION	90 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 200. IF YES IN CERTIFY	, WERE FINDIN YING CAUSES (	GS USED OF DEATH?
ACIAN De physics and control frame metal flying fly	1055711	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH D	21t. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	ART 1 OR PART 2)	
attending and the bury on the bury Med oct.	MEDICAL	21d INJURY OCCURRED  NOT WHILE ALL WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 211 LOCATION STREET	CITY OR IOWN	COUNTY	STATE
VITENDIA potal or CIOR Al for use a of Healt			ital) attended the deceased from 18 8619 ot) view the bady ofter death.	, ond that in (my) (aur) apinion	death occurred on the date ond haur		hat (1) (we) last auses stoted
AL CE A the ho AL DRE deroched deroched de Dept d. If Hem		22b. SIGNATURE	n	DEGREE ATTENDING PHYSICIAN (	MEDICAL STAFF DIRECTOR   PHYSICIAN	22c. DATE S	9186
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10-	1.	FOR		DEPARTMEN	STATE OF MARYLAND IT OF HEALTH AND MENTAL H	GIENE 8 6	3 2 5 8 0					
CC72 DEAL		- STATE REGISTRAR George	P. Lyna		ERTIFICATE OF DEATH							
00/2 UEC 11	U PA	ECEASED NAME FIRST	MIDE		LAST	REG. No.	MONTH DAY YEAR 2b. HOUR					
e ω <del>t</del>		PE OR PRINT)	0	,		1.	A					
nay be page 3		George	e P.	24	nard	NOU 30 1986 350 F						
F. T	3. S	EX	A. RACE Whi	te s.	DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIR	THDAY)  IF UNDER 1 YEAR  IF UNDER 24 HRS  MONTHS DAYS HOURS MIN.					
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2 1200	770	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WH	AT COUNTRY? 8.	MARRIED A NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH					
# 55 /8 /	/	Greece	U.S.A.		IDOWED DIVORCED	m · -	CAUNTY MO					
2 34 45	10.0	CITY OR TOWN OF DEATH	11. NAME OF HO	SPITAL, NURSING H	OME OR OTHER INSTITUTION	120. USUAL OCCUPATI	ON 126 KIND OF BUSINESS OR					
- 1 til	1/2	Bethesda	61.1	HOSP		(TYPE OF WORK FOR MOST O						
120		JAL RESIDENCE (IF NURSING HOME O	OR OTHER INSTITUTION GIV			Owner Restaurant						
20 4 34 34	130	STATE 13b. COL	INTY 13	COTY OR TOWN	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS						
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RY 10 10 10 10 10 10 10 10 10 10 10 10 10	1	ATHER'S NAME	MIDDLE	LAST	15 MOTHER'S MAIDEN N	MIDDLE	LAST					
A LEWY CAC	1	Petros		Lynard	Vasilo		Belitsos					
RE.	160.	WAS DECEASED EVER IN U.S. A	RMED FORCES? 16	B. SOCIAL SECURIT	Y NO. 17. INFORMANT	ADDRE	SS					
MO POO PA		NO NO	IVE WAR OR DATES!	577-10-73	46 Christine F	. Lynard San	ne as item # 13					
ALL SOUTH A		18 CAUSE OF DEATH (Enter of	only one couse per lin	e for (a) (b) and in			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
poppoponovent, Ba	8.8	PART I. DEATH WAS CAUSED BY:										
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RESTON death ce attendin nave carb atian, ar i	4	Conditions, if ony, which	(b)									
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gne ires in pl buri	-	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
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bee mit.	CERTIFICATION	19a DATE OF OPERATION	196 CONDITIO	ON FOR WHICH OP	ERATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDINGS USED					
hos hos			2014 54 14			YES TI NOT	IN CERTIFYING CAUSES OF DEATH?  YES \( \bigcap  \text{NO} \( \bigcap \)					
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The law requires that the death certificat be exestated within a hour ottending physician and companies that this certificate has been signed by the attending physician and companies. Then please remove carbon popul. Page to study the north please remove carbon popul. Page to study the north and Mental Hygene prior to burial, cremation, or removal and Mental Hygene prior to burial, cremation, ar removal and Mental Bygues any injury, or ather traumatic event, the medical examinate must be not attention.	- H	21a. ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCCU	IRRED (ENTER NATURE OF INJUI						
Partie and	of the	OR CONTRIBUTING CAUSE OF D		MONTH DAY	YEAR							
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		WHILE NOT WHILE AT WORK										
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ATTE Sprite CTO CTO for of for		saw the deceased alive a above, (1) (we).(did) (did)	ot) view the body aft	er death.	2, and that in (my) (cor) opinio	n death occurred on the do	ate and hour and from the causes stated					
OR A DIRE sched Dept		22b. SENATURE	0		DEGREE		22c. DATE SIGNED					
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BP		Burial	12/2/86	Gate	e of Heaven Cem.		pring. MD					
DHMH - 16 60M 7/B4	24	UNERAL DIRECTOR JOSEP	n Gawler's	Sons, I	15a D.		25b. REGISTRAR'S SIGNATURE					
(VRA 15 4)		5130 WT A	ve. NW Was	sha DC 2	0016	COS 1900 4	lin Kaid So					

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ay be	2.55		4 RACE	11100		rialoy		CE INIVERSE LAST BIOTA		Q 986	GHM IF UNDER 24 HRS
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D 24 ABA	10. C	ITY OR TOWN OF DEATH	11. NAME	OF HOSPITAL, NUR	SING HOME	OR OTHER INSTITUT	-				BUSINESS OR
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PAGE PAGE		23a.Bl	JRIAL CREMATION, R	EMOVAL 23b	DATE	23¢ N	AME OF CEA	AETERY O	R CREMATORY	23d LOC	ATION			
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME ERMA (TYPE OR PRINT) 1010 6. AGE (IN YEARS LAST BIRTHDAY) IF LINDER 24 HPS HOURS BALTIMORE CITY OR COUNTY OF DEATH COUNTRY Montgomery County United States WIDOWED IX Georgia DIVORCED T CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR NDUSTRY Grosvenor Health Bethesda Care Center Homemaker Own Home 9804 Inglemere Drive/ Bethesda 13d. INSIDE CITY LIMITS? Montgomery Maryland NOXX A FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE Estelle Holsey J. Morris Means Nancy ADDRESO 8 0 4 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT Inglemere Dr (Son) YES NO OR UNKNOWN 043 38 1176 Halsey M. Marsden, Bethesda, Maryland 18 CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a Canditians, if any, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20e AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOIX NO [ YES 210. ACCIDENT WAS UNDERLYING 216, TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 19 III LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY COUNTY CITY OR TOWN STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deleased fram saw the deceased alive on. and that fr (my) (pur) opinian death accurred on the date and hour and from the causes stated DEGR ATTENDING / MEDICAL PHYSICIAN DIRECTOR PHYSICIAN AN'S NAME (TYPE OR PRINT) 230 BURIA!, CREMATION, REMOVAL 230 DATE NOVEM DET NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIF Cremation Metropolitan Crematory Alexandria, Virginia 28, 1986 REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral Homes DHMH - 16 50M 4/B2 Gulia Diordon-Rondole P.A. 7557 Wisconsin Avenue, Bethesda, MD (VRA 15, 4)

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1		Caucasian	5. DATE OF MONTH	DAY YEAR	6. AGE (IN YEARS LAST BIR	THDAY)	MUNINS DAYS	IF UNDER 24 HRS HOURS MIN.
1	COUNTRY	nited States	0	NEVER MARRIED	Montgome	R COUNTY		MD.
1	Bethesda	1. NAME OF HOSPITAL, NURSING PRODUCTION HOSPITAL NURSING PRODUCTION HOS			Register		12b. KIND O INDUSTRY Dept.	Defense
1	USUAL RESIDENCE (IF NURSING HOME OR O 13% STATE 13% COUNT Maryland Montg		N. [1	3d, INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE	Street	20850
1	Patrick	Toole LAST		Catheri		Mur	phy LAS	1
	160 WAS DECEASED EVER IN U.S. ARM (YFS NO OR UNKNOWN) (IF YES GIVE Y	WAR OR DATES)	3339		sband ADDRI Martin S	ame	as ite	m 13
	PART I. DEATH WAS CAUSED IMMEDIATE	11/1/1/1	AL	CIPRITOSI	\$		APPROX BETWEEN	IMATE INTERVAL ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE						
	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO D						100
2	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	198 CONDITION FOR WHICH			20a AUTOPSY?	IN CERTIF	S, WERE FINDING CAUSES	
-		21b. TIME OF INJURY HOUR A.M. MONTH DA P.M.	Y YEAR					
	OR CONTRIBUTING CAUSE OF DEATH  [IF EITHER NOTIFY MEDICAL EXAMINER)  21d INJURY OCCURRED  WHILE NOT WHILE	216 PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, FA		211 LOCATION STREET	CITY OR TO	wN	COUNTY	STATE

DEGREE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22c. DATE SIGNED 20817

22e. ADDRESS

10215 Fernwood Rd. Bethesda, Maryland

and that (my) (and opinion death occurred on the date and hour and from the causes stated

Lindeman 23a BURIAL, CREMATION, REMOVAL 236. DATE NOV .

23c NAME OF CEMETERY OR CREMATORY

234 LOCATION

Pennsylvania

Burial 25, 1986 Cathredral Cemetery Scranton, Pennsylv Funeral Director ROBERT A. PUMPHREY FUNERAL HOMES NOV 24 1986 July Director ROBERT A. PUMPHREY FUNERAL HOMES NOV 24 1986

DHMH - 16 60M 7/84 (VRA 15, 4)

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MPORTANT:

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offe offe	30.			MONTH	DAY	YEAR	ACE THE CONSTR	S. OKTOORT,		HOURS MIN.
oge oge	Male 70 BIRTHPLACE (S	Whi		01	15	34		52 YRS		
22 20	COUNTRY)	TATE OR FOREIGN /b CITIZE	N OF WHAT COUNTRY	MARRIED	XX NEVER MA	ARRIED 🔲		TY OR COUNTY	OF DEATH	
Phin Co	Penna.	U.S		WIDOWE	DIVO	DRCED [] [M	iontgome:			MD.
by the filed with	Bethesda	(IF NO	NE OF HOSPITAL, NURS IT IN SUCH FACILITY, GIVE STRE DURBAN HOSP	ET ADDRESS)	R OTHER INSTIT	1	USUAL OCCU	OST OF WORKING LIF	E) INDUSTRY	business or tofHealt
MARYLAND 12 CLE Sed within 24 hour Sed with	Maryland	(IF NURSING HOME OR OTHER INSTI 13b. COUNTY Montgomer	13c CITY OR TO	Chase	45	40 🗆 🔞		ess / zip code		15
MARY Marit	14 FATHER'S NAME FIRST Hugh	MIDDLE J.	Mc Car	No. of the last	15. MOTHER'S A	MAIDEN NAME RST Ce	R	DLE	Shar	p
BAJTIMORE, ote be exegging per in the matter voi.	16a WAS DECEASED (YES, NO OR UNKNO Yes	DEVER IN U.S. ARMED FORG WN) (IF YES, GIVE WAR OR DA Korea			ii informan Ellen			odress Same add	lress as	#13·
EDS, 201 W. PRESTON ST.,  equires' that the death feetific ranged by 14 get inding pt Then please remains carlonp to buriol, cremotion, or rem njury, or other traumatic even	Conditions, gove rise to couse (a), underlying	of immediate stating the DUE	TO, OR AS A CONSEO  (b)  TO, OR AS A CONSEO  (c)	DUENCE OF			AL DISEASE OR G		EN IN PART TIO	hose .,
TRECORDS,	A STIDE OF C	OPERATION 19b C	CONDITION FOR WHIC	CH OPERATION	WAS PERFORM	MED	200 AUTOPSY?	IN CERTIF	WERE FINDING	GS USED OF DEATH?
OF VIII.	OR CONTRIBUTION		IME OF INJURY UR A.M. MONTH P.M.	DAY YEAR	21c. HOW INJU	JRY OCCURRED	(ENTER NATURE OF	FINJURY IN ITEM 18 P	ART 1 OR PART 2)	
DIVESION OF THE HE OFFERING POST THE CONTROL OF THE CONTROL OF THE OPEN OFFER OFFFER OFFFER OFFFER OFFFER OFFFER OFFFER OFFFER OFFFFER OFFFFF OFFFFF OFFFFFF OFFFFF	21d INJURY O		LACE OF INJURY DME. STREET, FACTORY, OFFICE	E FARM ETC )	21f. LOCATION STREET	1	CHY	ORTOWN	COUNTY	STATE
TO HOSPITAL OR ATTENDIB retoined by the hospital or TO FUNERAL DIRECTOR. Al should be detached for use with the State Dept of Healt MAPORTANT: If them 21 is ma	saw the cabove, (1)	N'S NAME (TYPE OF PERMIT)	body ofter death.	, ond	D. ATT PH 22e ADDRESS	TENDING TYSICIAN	MEDICAL DIRECTOR   PH	STAFF YSICIAN []	22c DATE S	86
or show	230. BURIAL, CREMA	TION, REMOVAL 23b. DA	TE 23c	NAME OF CE	3301 METERY OR CRI	EMATORY	23d LOCATION		H. D.C.	20016 STATE
BP DHMH - 16 60M 7/84 (VRA 15, 4)	24 FUNERAL DIRECT	or Joseph Gaw Consin Ave, NW	ler's Sons	, Inc.				-	RAR'S SIGNATUI	RE

TOO THE THE SE . SE . SE MENUT.

Colored Davistra Tree.

Historia, byol 80 lekel metalet

. Id cavers, must address at 143.

4	_ FOR	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY	3 iene 8 6 3	2 3 8 /
025020	- STATE REGISTRAR	561 X	CERTIFICATE OF DEATH		
0 7 2 8 1 8 DEC	THE SED NAME FIRST	MIDDLE	LAST	REG. NO.  2a. DATE OF DEATH MONTH DA	Y YEAR 26 HOUR
1 71	(TYPE OR PRINT)  JOHN	PAUL	MCCONNELL	DE-21-	
0 00	3. SEX	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF	UNDER I YEAR IF UNDER 24 HRS
4 of 6	MALE	White	2 7 1908	78 YRS.	NTHS DAYS HOURS MIN.
2 53 5/1	70 BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8 MARRIED   NEVER MARRIED	9. BALTIMORE CITY OR COUNTY C	F DEATH
1 26 F	ARKANSAS	USA	WIDOWED DIVORCED	MONTGOMERY COUNT	Y MD.
1 110/	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	RSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS OR
2 10 10	BETHESDA	CARRIAGE HIL	L-BETHESDA	MILITARY GENERAL	
2 2 40	USUAL RESIDENCE (IF NURSING HOME)	ONOTHER INSTITUTION, GIVE RESIDENCE BE OUNTY 134, CITY OR TO	FORE ADMISSION) OWN   13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE	alicec
2 13 A	Arkansa <b>s</b> Lo	gan Boonev	ille YESXX NO [	501 Logan Stree	t. 99999
1 10 1//	14 FATHER'S NAME	MIDDLE LAST	IS. MOTHER'S MAIDEN NA	WE	1001
W 1 0 0 / 1	SAMUEL	P. MCCONNEI	LL Dessau		DORSEY
A Day	160 WAS DECEASED EVER IN U.S.	ARMED FORCES? 166. SOCIAL SI	ECURITY NO. 17. INFORMANT Son	ADDRESS 3409	29th St.N.W.
1	Yes 192	28to1969 429474	4-4078 Bruce W. Mc	Connell/ Washingto	
4 1 119	M. CAUSE OF DEATH (Ente	anly ane cause per line to the line		۷.	APPROXIMATE INTERVAL BETWEEN ONSET AND JEATH
	PART I. DEATH WAS CAL	PLATE CAUSE (a)	on Charmouse	MG	10 dass
N 4 7804		DUE TO, OP AS A CONSE	QUENCE OF	7	1 11/5
153	Conditions, if any, which	( b) as as	ulma of li	une	16 WKS
2 4 4 6 6 6	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSE	QUENCE OF		
that that a by a coll. c. oth	underlying cause last	[6]			
S. 2	Z PART 2 PHYER SIGNIFLY	NOTIONS CONTRIBUTIONS	O DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OF CONDITION GIVEN	PART TO LEAVE
0 0 0 0 0	No. DATE OF OPERATION		whice organ	u maen	graning
2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	DATE OF OPERATION	IN CONDITION OF WH	ICH OPERATION WAS PERFORMED	IN CERTIFY	MG CAUSES OF DEATHS
A STORY OF STATE OF S	21e. ACCIDENT WAS UNDERLYING	[] 215 TIME OF INJURY	The HOW IN HIS OCCUR	YES □ NO YES  SED (ENTER NATURE OF MURRI HUTEW III, PAR	
NAT STATE OF THE S	OF CONTRIBUTION CAUSE OF		DAY YEAR	MED. (SHIER PRICES ON HOOM INVIEW IS AND	11 GERANTIN
Z 95 5 5 5 1	21d INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION		76
OIS A PART OF	WHAT D SOUTHWAT D	IAT HOME, STREET, FACTORY, ORFI		CITY GRYDOWN /	COUNTY STATE
PA STANDON	Illa I certify that (II (thus	14/200	10/7/86 10	11/2/186	
Nat Cont	saw the deceased align	roital) attended by greated tro	1111	death occurred on the late and hour o	that (I) Just ast
MECT AT PART OF PART O	obove (II ) of I district	yes the body ofter death.	/ OEGREE	/	2h DATEAIGNED
0 4 1 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Neural	+HUIIA	/// ATTENDING	MEDICAL STAFF	11/2/18%
F 1 4 5 5 5 7	THE PHYSICIAN NAME	CON PRINTING	ADDRESS ADDRESS	/ / P	11/1/10
5 2 2 4 8	HENRY (	, JON 1166	SM 54/3 (4	der la. Both	esch mo.
21 27	23a BURIAL CREMATION REMOV	AL 23b DATE 2	JE NAME OF CEMETERY OF CREMATORY	734 TOCATION	
GGGBP 99	PURTAT.		Air Force Acedemy Ce	CITY OF FOWN	ings,Colorado
11111		ol Funeral Home	2222 Wisc, Ave. 250 DA	TE PECID BY PEGISTRAPIASE PEGISTRA	AD'S STONIATURE
OHMH - 16 60M 7/(4 (VRA 15, 4)	Robert 1 St.	Washing	gton D.C. NOV	2. 8 1986 Julia Der	dorn Randallo

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TOTAL TO SELECT OF SELECTION OF

+21120	FOR 1 - STATE REGISTRAR	DEPARTMENT OF H	E OF MARYLAND IEALTH AND MENTAL HYGI ICATE OF DEATH		3 2 3 8 8
noy be	1 DECEASED NAME FIRST (TYPE OR PRINT) Rebecc	4 Mcf	Henry	10 1	10 86 545 AM
ge 4 mo	Female	MONT	O-1921	6. AGE (IN YEARS LAST BIRTHDAY)  65  YRS.	IF UNDER : YEAR IF UNDER 24 HRS
eoth. Pagenty. 72 hours	7a BIRTHPLACE (STATE OR FOREIGN COUNTRY) Virginia	76 CITIZEN OF WHAT COUNTRY? 8 MARRIE WIDOW	D NEVER MARRIED DIVORCED D	9 BALTIMORE CITY OR COUNTY Montgomery	Y OF DEATH
ofter de	Silver Spring	NAME OF HOSPITAL, NURSING HOME ( (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  Carriage Hill Nursin		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI  Sales Clerk	12b KIND OF BUSINESS OR INDUSTRY Department Sto
24 haurs Med in b	USUAL RESIDENCE (IF NURSING)	MINISTITUTION GIVE RESIDENCE BEFORE ADMISSION)		13e STREET ADDRESS / ZIP COD 5607 29th Aven	E
ad within	Robert	Quesenberry	IS MOTHER'S MAIDEN NAM	MIDDLE	unavailable)
Poges 1:	160 WAS DECEASED EVER IN U.S. A			Cherokee Pla	
aw requires that the deal is been signed by the attermit. Then please remove prior to burial, cremation any injury, ar ather troum	Conditions, if ony, which gove rise to immediate couse (a), storing the underlying couse lost.  PART 2. OTHER SIGNIFICAN:  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CONSEQUENCE OF  (c)  CONDITIONS CONTRIBUTING TO DEATH BUT  196 CONDITION FOR WHICH OPERATION		20g AUTOPSY? 20b. IF YE	VEN IN PART 1:0  S, WERE FINDINGS USED FYING CAUSES OF DEATH?
SICIAN: The Ing physician, certificate has rial-transit per ental Hygiene tem. 18 shows	OR CONTRIBUTING CAUSE OF D	DEATH HOUR A.M. MONTH DAY YEAR	21¢ HOW INJURY OCCURR		ES NO NO
UG PHYSICIA ottending pl iter this certif is the buriol-t hand Mental	(IF EITHER NOTIFY MEDICAL EXAMIN  21d IN JURY OCCURRED  WHILE NOT WHILE AT WORK	JER) P.M. 19  21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE FARM ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
OR ATTENDING OR ATTENDING OR DIRECTOR. A gached for use Dept of Health Heart 21 is may	sow the deceased alive of	on 19 19 19 19 19 19 19 19 19 19 19 19 19	DECREE ATTENDING	leath occurred on the date and har	19
TO HOSPITAL of the standard by the TO FUNERALL should be detoo with the State (IMPORTANT: II	B.	Umhau MP	PHYSICIAN 2220 ADDRESS COMM.	Ave., Cheng Chi	10/10/86 M. 2088
BP	23ª BURIAL, CREMATION, REMOVE Burial		coln Cemetery	23d LOCATION CITY OF TOWN  Brentwood, P.G	. Maryland
DHMH - 16 60M 7/84 (VRA 15, 4)		SONS FUNERAL HOME, P. Avenue, Hyattsville, M	A. 250. DATE	REC'D. BY REGISTRAR 256 REGIS	

024577 NOV	STATE OF MARYLAND  OF THE STATE OF MARYLAND MENTAL HYGIENE  OF THE STATE OF DEATH  OF THE STATE OF MARYLAND MENTAL HYGIENE  CERTIFICATE OF DEATH	3 2 5 8 9
ioy be poge 3 r death	1 DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH (TYPE OR PRINT) William II McKeever 11	8 86 8 30 4
тсtor, p		IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
1135	LOVACONINE, D 76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED NOT GO WIDOWED DIVORCED NOT GO	
20 11 2/	TAKOMA PARK 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCHFACILITY, GIVE STREET ADDRESS)  WASH. A DVENTIST LYOSP, RETIRED  120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)	IZB. KIND OF BUSINESS OR INDUSTRY
道多	130. STATE	HLAND DRIVE
1 1/3/2	14 FATHER'S NAME  FIRST  ALBERT FRANK MCLASTEVER JERST MIDDLE  MIDDLE  MIDDLE  MIDDLE  MIDDLE  MIDDLE  MIDDLE	ORR
r and co		1004 HILHLAND DI
officate by physical physical movel.	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) god (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a).  PLANTING OF DEATH (Enter only one cause per line for (a), (b) god (c).)	APPROXIMATE INTERVAL BET WEEN ONSET AND DEATH
ding ding orth	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF the control of the cause (b).  DUE TO, OR AS A CONSEQUENCE OF the control of the cause last.	years.
n sig ul Then pron or to kinner	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION	I GIVEN IN PART 1(a)
The low icion.  te has beinsit permit giene pric	YES NO IN CI	F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \( \text{NO} \( \text{D} \)
SICIAN: ng physic certificot riol-tron entol Hyg frem 18 s	OR CONTRIBUTION CONTRIBUTION OF DEATH HOUR A.M. MONTH DAY YEAR	a 18 PART ( OR PART 2)
ottendin ter this is the bu	WHILE NOT WHILE AT WORK AT WORK OF A	COUNTY STATE
ATTENDIN Dispital or SCTOR: Al of for use of Health	27a.1 certify that (I) (this hospital) attended the deceased fram	, 19 <b>26</b> , that (I) (we) lost I hour and from the causes stated
OR he he oche oche Dep	228 PMYSICIAN'S NAME (TYPE OR 1)	22c. DATE SIGNED
TO HOSPITAL retained by 11 TO FUNERAL should be det with the State IMPORTANT:		
ВР	LI EIGH I A	WASHIVAN XQ
DHMH-16 30M 2/80 (VRA 15, 4)	24. FUNERAL DIRECTOR  AMME  AND  AND  AND  AND  AND  AND  AND  AN	OISTRAR'S SIGNATURE

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ST	A	TE	OF	M.	ARY	LA	ND	

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

McManus

REG. N	10.				
20 DATE OF DEATH	MONTH	DAY	YEAR	2b. HOL	JR
Nov.	26,	1986		7:	10
6 AGE (IN YEARS LAST B	RTHDAY	1F UNDE	RIYEAR	IF UNDER	24 HRS
		MONTHS	DAYS	HOURS	MIN.

X	4. RACE	5. DATE OF BIRTH					
17.7	1.11. 1.1.	HTHOM	DAY	YEAR			
Male	White	Jan.	27.	1914			
IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	-				
COUNTRY	TT C A	MARRIED	NEVER .	MARRIED			
Conn.	U.S.A.	WIDOWED [	D	IVORCED			

(IF NOTIN SUCH FACILITY, GIVE STREET ADDRESS)

P

BALTIMORE CITY OR COUNTY OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

Montgomery KIND OF BUSINESS OR Georgetown (TYPE OF WORK FOR MOST OF WORKING LIFE: Universit

hevy Chase		5616	Wester	n Avenu	le
SUAL RESIDENCE (IF NUE					
3a STATE	13b COUN	VTY	13c CITY OR TO		113
MD	Mo	nt.	Chevy	Chase	

FIRST Edwin

> Chevy Chase LAST

15 MOTHER'S MAIDEN NAME

3e.STREET\_ADDRESS / ZIP CODE 5616 Western Ave

MIDDLE

Peter					
WAS DECEASED	<b>EVER</b>	IN	U.S.	ARMED	FC

McManus 16b SOCIAL SECURITY NO

17 INFORMANT

ADDRESS

Manion

Yes

JAJEATHER'S NAME

CERTIFICATION

MEDICAL

8

ö

IMPORT

ILCITY OR TOWN OF DEATH

YES GIVE WAR OR DATES!

7-50-5102

Margaret M. McManus Same as item # 13

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I, DEATH WAS CAUSED BY: Metastic Carcinoma Soft Palate IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF

Canditions, if any, which gave rise to immediate cause (a), stating underlying couse

Chronic obstructive pulmonary disease

DUE TO, OR AS A CONSEQUENCE OF

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

19a DATE OF OPERATION	196. CONDITION FOR WHIC	CH OPERATION	WAS PERFORMED			20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH	
				YES 🗌	NOVE	YES 🗍	NO 🗌
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURRE	D (ENTERN.	ATURE OF INJUR	Y IN ITEM 18 PART 1 GR PART 2	}
	D 44	10					

21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE

21f LOCATION

COUNTY

_									_
2a	I certify	that (	) (this )	nospitat)	attended	the	deceased	from_	
	saw th	e decea	sed aliv	e an 1	.VOV	25	deceased	_19_	36
	ahaus	111 1	1:11/11	A A	- Al - 1 -	1	44 1 41		

Dec.

Nov. and that in (my) (our) opinian death occurred an the date and hour and fram the causes stated

22b. SIGNA

ATTENDING MEDICAL

STAFF DIRECTOR PHYSICIAN

CITY OR TOWN

22c. DATE SIGNED Nov. 26, 1986

27d. PHYSICIAN'S NAME (TYPE OR PRINT)

220 ADDRESS

3301 New Mexico Ave, NW, Wash., D.C.

23c. BURIAL CREMATION REMOVAL (SPECIFY)

11/29/86

23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cem.

Washington, DC

STATE

STATE

24 FUNERAL DIRECTOR RALDIRECTOR Joseph Gawler's Sons, Inc.

Charles P. Duvall

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Julia Divideon Pandace

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

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Introduction

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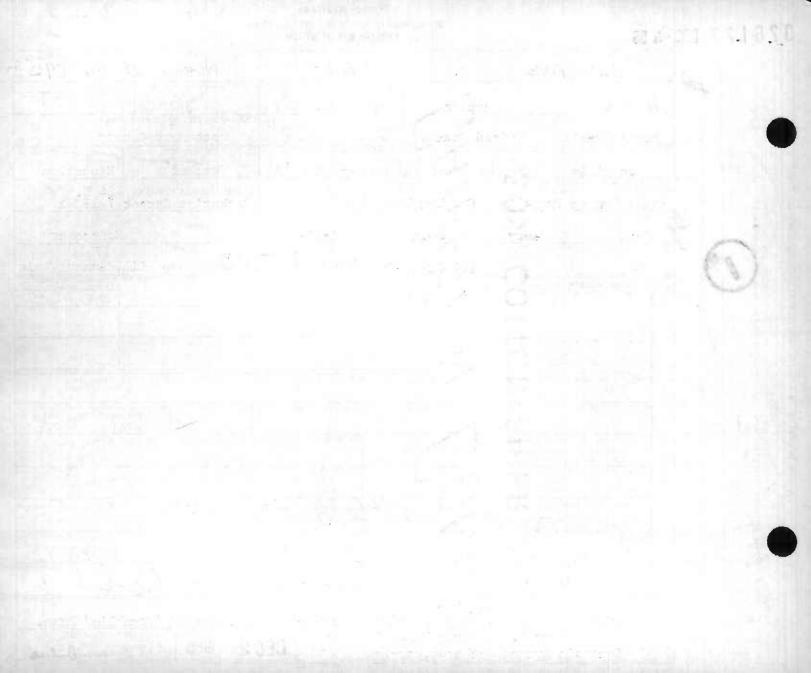
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11/29/30 st. olivet den.

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DIVISION OF VITAL RECORDS, 201

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124;	2 2 3 NOV	19	STATE STATE STATE				EPARTMENT (		CERTIFIC		DEATH					
76 11	2 2 3 1101	1 DEC	CEASED NAME	FIR	ST	77166	WIDDLE	HIVER 3	LAST	AILO		ATE KNOW	N M MONTH	DAY	YEAR	Zh HOUR
	₩ % % % E	(TYPI	E OR PRINT)	Ph:	lin	A	wareu	M	EHRI	Na		OF ESTI-		a	986	6 A M
	PLEASE ECTOR. R FILES. HOURS STREET,	3 SEX		4 RACE		ATE OF BIRTH	la. AGE (	IN YEARS IF L	INDER I YR.	IF UNDER 2	4 HRS. 2c.	DATE	MONTH	DAY	YEAR	2d HOUR
	NS NS	M	ALE	WHIT		9 19		SYRS.	THS DAYS	HOURS		DEAD	- 11	9	86	9AD
-	BEAR BOW	7a Bl	RTHPLACE (ST	ATE OR	7b.	CITIZEN OF WH	AT COUNTRY?	1.	RIED NEV	ER MARRIE	D X 9 B/	LTIMORE CI	TY OR COU	TY OF D	EATH	
	BEER STAN	FOREIGN COUNTRY LAND			U.S.A. WIDOWED DIVORCED MONTOSO								- 17	MD.		
	PAGE	1	Kensing	ton			WIES Ave		HER INSTITUT	ION	FOR MOST C		er Ste	amfi	of Bus Noustry tter	INESS Y
1201	ANY D	13a. S	RESIDENCE ( ATE aryland		OUNTY ntgon		e residence before add 13c. CITY OR TOW Germanto	/N	13d. INSIDE CIT	TY LIMITS?	13e STREET A	odress B Gunn	ers Br	anch	Rd. 2	0.0874
1.9	N 7 7 3		THER'S NAME						15 MOTHE	R'S MAIDEN			CLU DI	ano m	100.2	
1	MB/50		Richar	rd	Ste	rling	Mehrin	g	M2	rell		MIDDLE	Ar	mac	st	
1 34	1 3 and 1	16a V	VAS DECEASED	EVER IN U.S	S. ARMED		16b SOCIAL SECU		17. INFORM		// - l	Key	mar, I	vId. 2	1757	n.i
BALT	S AF				•		212 62 2		Mare	II A. N	nen <b>r</b> ing	g 11904	Simps	son's	MIIII	Ra.
ST	N N N N N N N N N N N N N N N N N N N		18 CAUSE OF	DEATH (Ent	er anly on AUSED BY:	e cause per line	far (a), (b), and (c).		1		10.11			8ETWI	ROXIMATE I	NTERVAL AND DEATH
NO	24 H LONG LONG PER OGEN		200	IMM	EDIATE CA		AS A CONSEQUEN		27101	7						
RES	WITHIN 2- ENCIL IN II WINER ALC TRANSIT P NTAL HYG OR REMOV			s, if any, v		DOE TO, OK	Carbo		Mai	Nox	DE					
× .	ANN		couse (a)	e to imme stating the <u>u</u> i		DUE TO, OR	AS A CONSEQUEN			-						
201	CUTED WITH I EXAMINES I EXAMINES		lying cous	se last.		(c)										
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	NA NA NA	z	PART 2 OFNER SIG	NIFICANT CONDI	TIONS CONTR	RIBUTING TO DEATH R	UT NOT RELATED TO THE	TERMINAL DISE	ISE OR CONDITION	GIVEN IN PART	1 (0).					
200	MEALTH CREAT	CERTIFICATION	19a. DATE OF	OPERATION		196 CONDIT	ION FOR WHICH C	PERATION	WAS PERFORA	MED?				120. AL	JTOPSY?	
ITAL	SHOUL OND "F CHIEF E USED URIAL,	IFIC	100			1000										NO X
OF.V	ATE S E WC THE C NENT O BILL O	CER	210. EXTERNA	_	is	21b. TIME OF		ZIC H	HOW INJURY	OCCURRED	(ENTER NATURE	OF INJURY IN ITE	M 18 PART 1 OR P			
NO	SHOOT STAND	MEDICAL	UNDERLYING CONTRIBUTIN	IG 🗌 CAUSE	OF DEAT	H P.M.	19									
N/S	IS CERTING REDED GE 3 SI PRO	MED	214 INJURY O	CCURRED NOT WHILE	- m		F INJURY (AT HOM DRY, FARM, ETC.)	E. 21f L	STREET		CITY	OR TOWN	C	OUNTY		STATE
۵	R: THIS CATE, WRIT ORWARD R: PAGE: HE STATE D		WHILE AT WORK	AT WORK												
		9	22a. I certif	y that I taak	charge of	the remains desc	ribed above, held o	an Auto	psy .	Inspection	M, Inc	quiry .	and in my o	pinion		
	ラニ ロローン		death resulte	d from: 1	Natural ca	ouses,	Accident	Suicide L	J, Homici		Undetermin	ed manner				
	AAA.		ACTUAL SIGNATURE	de	She!	Tan	le		TITLE (SP	PECIFY)		in the same	DATE		-9-	86
	SH S				1				W.D		MEDICAL	EXAMINER S	da SIGN	YW.	2 -	
	TO MEDICAL EXAM EXECUTE THE CERTIL PAGE A SHOULD B TO FUNERAL DIREC AFJER DEATH, WITH BATTMORE, MARY		EXAMINER'S N (TYPE OR PRIN	IT)	20	hN	Laube	~	- VDDKF22	8218	3 W19	SCON	SIN	NU	8	
07/84	Bb					1/12/86	23c. NAME OF Wood			ry	Balti		Maryl	äňd	STA	TE
25M	DHMH - 17	24 FL	NERAL DIRECT	Tyson	1 Whe	elerFu	neral Hom	ie. Inc	2	So. DATE RE	C'D. BY REG	200	REGISTRAR'S	. 0.574		The s
	(VR A15 ME (5))		1331 H	cockvil	Ie Pil	ke, Rock	wille, Md	2085	52	MOA	4 1	1.50	المالية لي المالية	serve Co	ALCOHOL: NO	,

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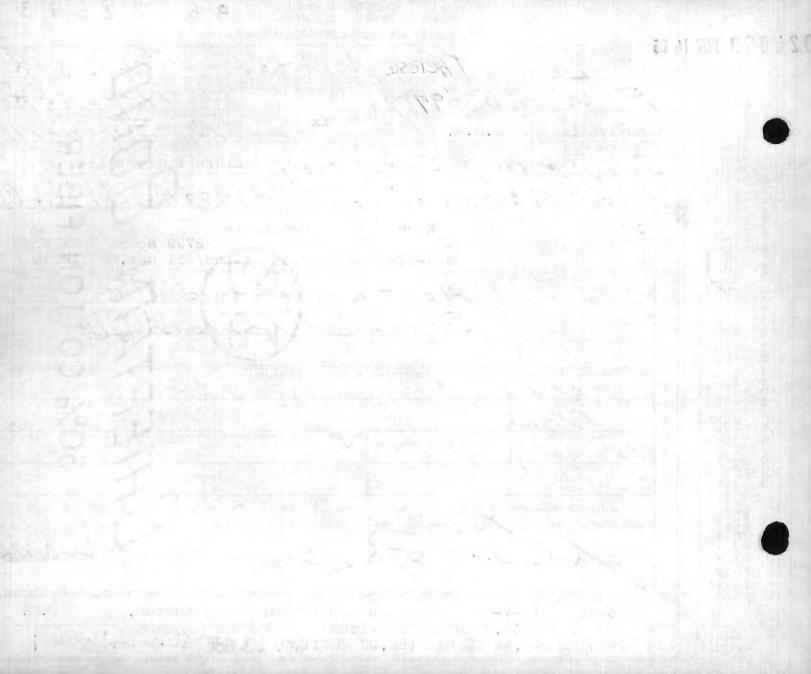
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Process Section of American and American Section 5

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0 2 4 3 6 3 1101 23	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
Carlo Manie 19 19	1. DECEASED NAME F	RST MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
noy be page 3 r death	(TYPE OR PRINT)	ides Erle	Moushow	11 /	13 86 3:25,9
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1 11-17	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	SING HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION	126. KIND OF BUSINESS OR
5 to 100 /6/	Takoma Park	Washington Adv	ventist Hospital	Housewife.	Housewife
2 1 53 4	USUAL RESIDENCE (IF NURSING	HOME OR OTHER INSTITUTION, GIVE RESIDENCE BE		13e.STREET ADDRESS / ZIP COD	
N 2 4 10		lontgomery Bethese		4608 Windsor La	
A 25 A	14 FATHER'S NAME		15. MOTHER'S MAIDEN NA	ME	
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生物等大学	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIEN 6 3 2 5 9 8
OF THE FLANERAL DIRECTOR.  ON PAGE 5 TO SE YOUR FILES.  ON PAGE 5 TO SERVER.  ON PAGE 5 TO SERVER.  ON PAGE 5 TO SERVER.	REGISTRAR    DELEASED NAME   FIRST   MIDDLE   LAST   20. DATE KNOWN   MONTH DAT YEAR   LAST   DEATH MATED   DEATH MATED   DEATH MATED   DEATH MATED   DEATH MATED   DEATH MATED   DEATH MONTH DAY   MO
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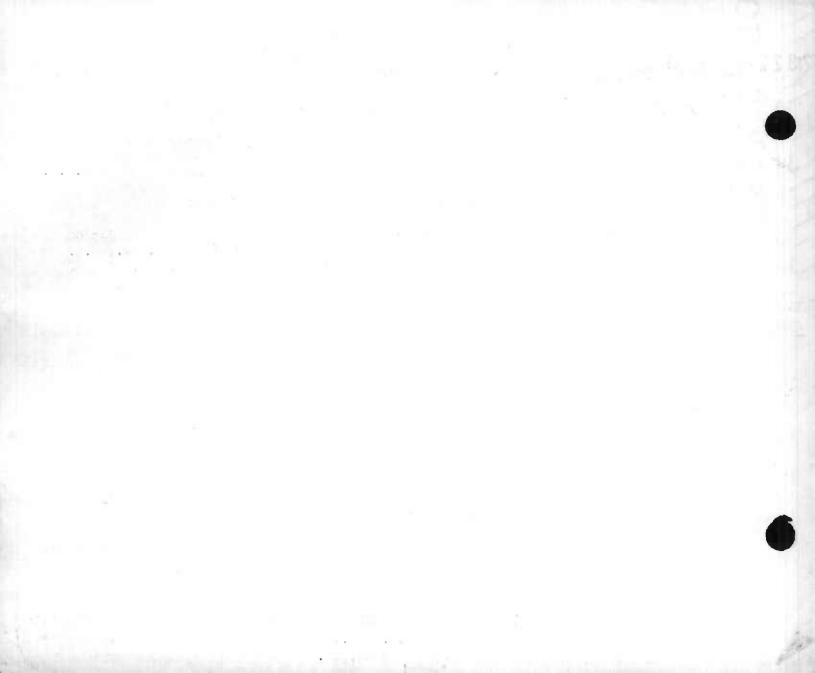


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OR A DIRECTOR	Hea		776 SIGNA LIBE	DEGREE	22c DATE SIGNED
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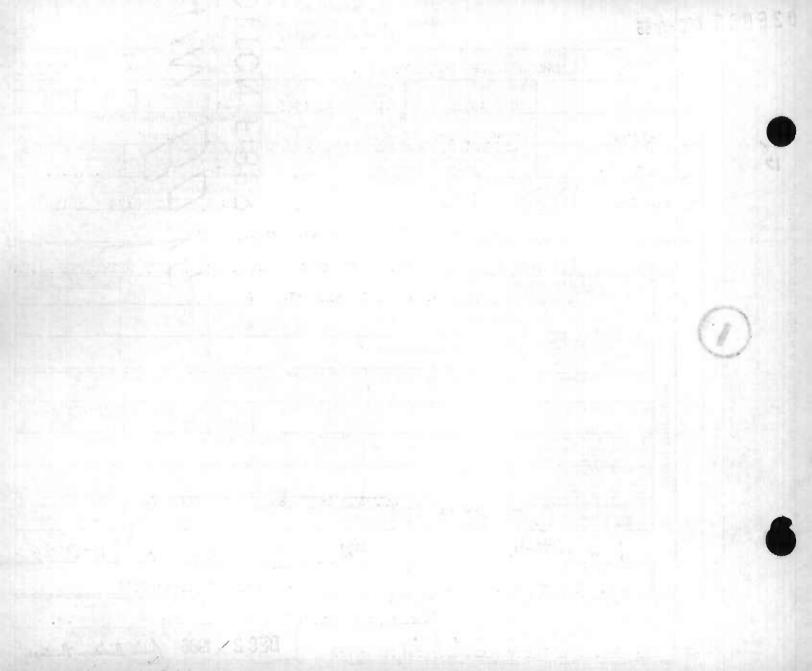
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE 20. DATE OF DEATH DECEASED NAME III. HOUR 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) OF THE PARTY OF THE 9. BALTIMORE CITY OR COUNTY OF DEATH I STATE OR FOREIGN THE CITIZEN OF WHAT COUNTRY MARRIED . NEVER MARRIED COUNTRY U.S.A. WIDOWED MONTGOMERY CO. DIVORCED [ NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION B CITY OR TOWN OF DEATH 126. USUAL OCCUPATION
(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY FLED COVT. (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) HOSP'T. CLERICAL-DEPT OF AGRICULTURE TAKOMA PARK WASHINGTON ADVENTIST SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 1136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 5803 20782 P.G.C. HYATTSVILLE 35th PL. YES X Md. NO [ 15 MOTHER'S MAIDEN NAME M. FATHER'S NAME MIDDLE LAST EIRST GEORGE ORVA CLARISA YOST LANDIS B. 16b. SOCIAL SECURITY NO 17. INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES 5443 D. RANDOLPH HEYES GIVE WAR OR DATEST 189-09-2395 WILLIAM C. HOFFMAN III NO BOLLING, AFB, WASH BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for my lb candidate PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if pny, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b JF YES, WERE FINDINGS USED 20a AUTOPSY? IM CERTIFYING CAUSES OF DEATH? NO NO [ 216 TIME OF INJURY 210 ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF THE (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE 22s.1 certify that (V (this hospital) attended the deceased fro and that in (my) (aur) apinion death accurred on the date and hour and from the couses stated saw the deceased alive on JUSTIATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS 23a. 8URIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) CITY OR TOWN 11-10-1986 CHAMBERS CREMATORY RIVERDALE. CREMATION Md. 24 FUNERAL DIRECTOR BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 RIVERDALE, Md. 20737 W. W. CHAMBERS CO. (VRA 15, 4)

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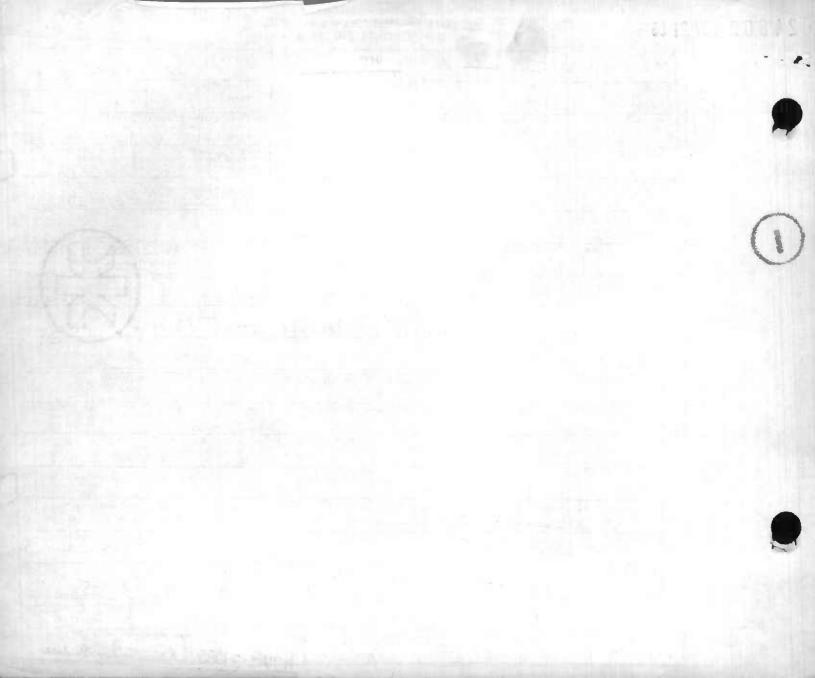
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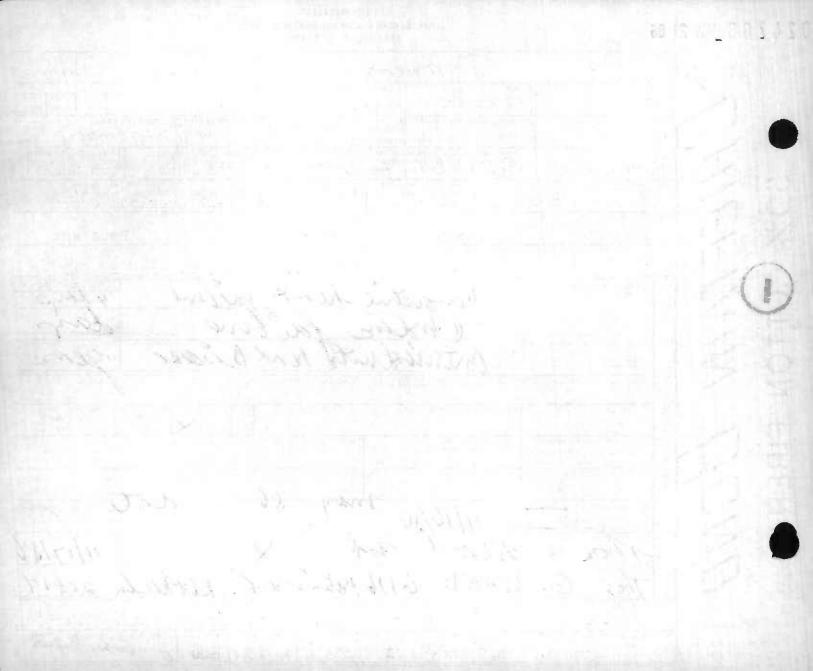
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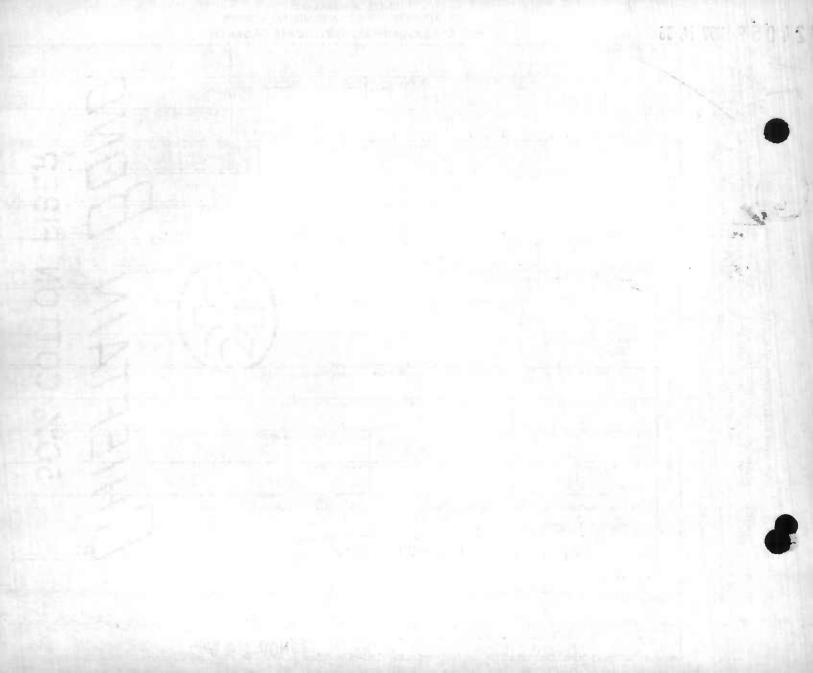
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22 hours	13o :	STATE_ 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION)	d. INSIDE CITY LIMITS?	130 STREET ADDRESS / 4002 Lair	ZIP CODE	20815
1		ATHER'S NAME			MOTHER'S MAIDEN NAM	NE .	<u>u 1140c/</u>	20013
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The post of the po		22b. SIGNATURE	F Sun Scho	n) DEC	ATTENDING	MEDICAL STAF	F \\/.	TE SIGNED rember 14,1986
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(VRA 15, 4)		Joo w. Moi	ntgomery Ave.,	KOCK	ville, MD	1 9 1986	Julia Dividson	· Kandana



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**	I DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
1 11 00	Evelyn		rray	11/17/86	0912 AM
1 10	3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
A 000	Female	Caucasian	Sept. 18, 1896	90 YRS	
01187	76. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Wyoming	7b CITIZEN OF WHAT COUNTRY? United States		9 BALTIMORE CITY OR COUN  Mont	gomery MD.
To the last of the	Bethesda	U DU Dar	HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Homemaker	12b KIND OF BUSINESS OR INDUSTRY Own Home
AND 212	Maryland Mon	or other institution, give residence before JNTY 136 CITY OR TOWN TGOMETY Bethes	da   13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CO 5 Park Over]	DE 20817 Look Court
MARKU.	14 FATHER'S NAME FIRST Hans	Jensen Jensen	15. MOTHER'S MAIDEN NA Ellen	WIOOFE	Petersen
MORE by Cope c medica	160 WAS DECEASED EVER IN U.S. A	IVE WAR OR DATES!	3099 James P. M	ADDRESS [urray,Jr. san	
201 W. PRESTON ST. AND The throat the death confinction before remove contamination or centrally, or other traumotic event, the	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost	Due TO, OR AS CONSEQUE  OUE TO, OR AS CONSEQUE  OUE TO, OR AS CONSEQUE  (b)  OUE TO, OR AS A FONSEQUE  (c)	The heart was heart and to the term	fulling Live X Disasse MINAL DISEASE OR CONDITION OF	APPROXIGATE INTERVAL BETWEEN MISET AND DEATH  4 AT 140  AND DEATH
TAL RECORDS.  The law requirement of the law been ing the law been ing the law glades prior to the law of the	190 DATE OF OPERATION 110. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 206. IF YES NO NO	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YESNO
N OF VI	OR CONTRIBUTING — CAUSE OF E (IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED	EATH HOUR A.M. MONTH DA	Y YEAR 19 211 LOCATION	RED (ENTER NATURE OF INJURY IN ITEM !	8 PART I OR PART 2)
DIVISIO Out the the out the the out the the	NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE, F)	ARM ETC ) STREET	CITY OR TOWN	COUNTY STATE
ATTEND or STOR A STORY OF THE S	220 1 certify that (1) (thus how saw the deceased alive a above, (1) (we) (did) (did	pitel) attended the declased from	, and that in (hy) (aut opinion	death occurred an the date and h	our and from the causes stated
TAL CRE RAJ DIRE detachs TAL Res	Those 3	· mord		MEDICAL STAFF DIRECTOR   PHYSICIAN	22c DATE 91GNED / 1/1/17/186
O HOSTI TO FUNE Thould be with the St	Thos G	. WARD 6	116 Pourina	A. Bether	In 20814
BP	230 BURIAL, CREMATION, REMOVA	19, 1986 Ga	te of Heaven Ce	m Silver Sp	oring, Maryland
DHMH - 16 60M 7/84 (VRA 15, 4)	7557 Wisconsi	t A.Pumphrey Fin Ave.Bethesda	uneral Homes 250 DA ,MD 20814 NO	TE REC'D BY REGISTRARIZSH REG	ISTRAP'S SIGNATURE



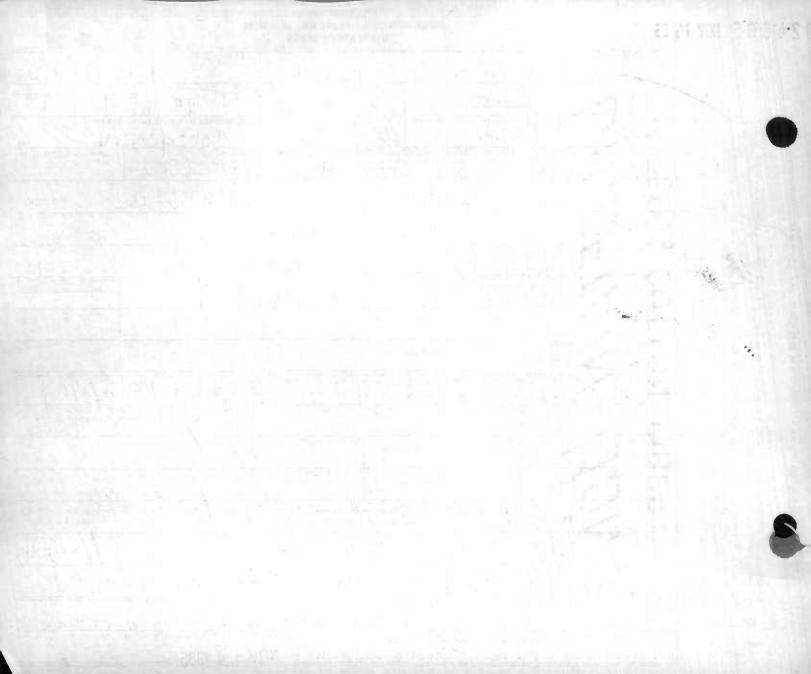
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	NEGES TUNERS S FOR	Wo	shington,	D.C.	u.s.A.		WIDOV	_^	DIVORCED	Montgom	ery Cou	inty,	MD.
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	記数と		Estill		E.	Nayl			inie	O.B.		Camp	lin
IMO	ATTER IN PACES IN SION OF SION		WAS DECEASED EVER	(IF YES, GIVE WAR O	R DATES)	166. SOCIAL SE		17 INFORMA			PRESS		CEE.
N N	PS AF		yes	w.w.		579-24		Eva E.	Naylor	wife	same	as #13	
ST	E. D. J.		18 CAUSE OF DEAT	H (Enter only one AS CAUSED BY:	couse per line f	or (a), (b), and (	i).)	iouscal	lar Dia	0200		BETWEEN ON	ATE INTERVAL
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ORO	PE EXE PENDING MEDICA AS A BU CREMA]	Z	FAKI 2 DINEK SIGNIFICAN	II COMUITIONS CONTRO	SULING ID BEATH B	DI NUI KELAIED IO I	NE TERMINAL DISEA	SE DIK CONDITION 6	IVEN IN PART 1 (0).				
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	ATE, 14 ORW ORW FE PA	16	220. I certify that	I taak charge of t	he remains desc	ribediabove, hel	don Auto	psy 🔯	nspection .	Inquiry .	and in my o	pinion	
	MIN BELLEVILLE		deoth resulted from	Notural car	uses XX	Aggident .	Suicide	Homicid	e . Und	etermined manner	<u> </u>		
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	MEDICAL EX. ECUTE THE CER. GE 4 SHOULD FUNERAL DII	1	EXAMINER'S NAME	Denr	nis F. S	Smyth, M	.D.	_ADDRESS	lll Pen	in St., Ba	lto., N	1d. 21	201
	EXEC PAGE 10 P	23 o 1	URIAL, CREMATION,					OR CREMATOR	Y [23d.]	LOCATION		INTE	
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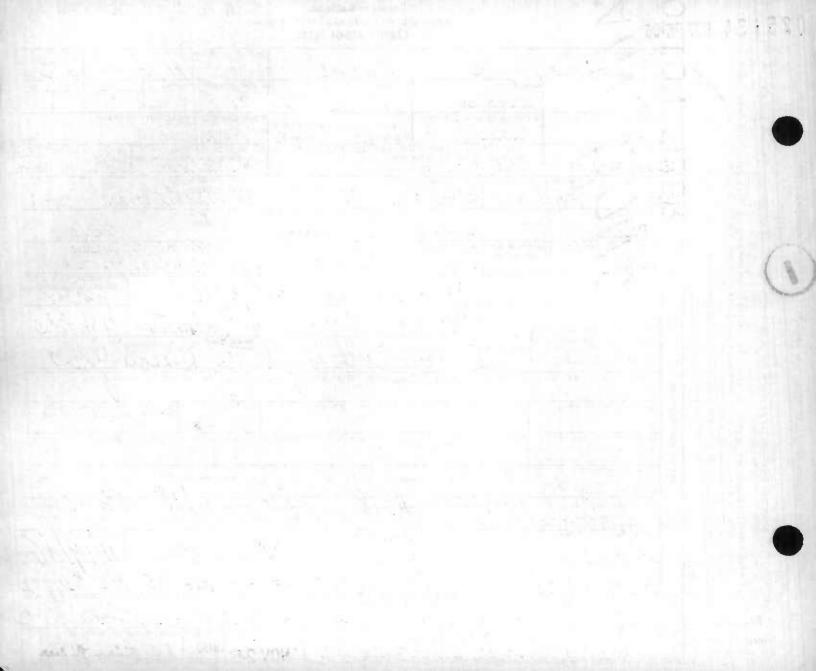
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7. 20 mm	-	PART 2 OTHER SIGNIFICA	ANT CONDITIONS CON	TRIBUTING TO DEATH	UT NOT RELATED TO THE TER	MINAL DISEASE OR COND	ITION GIVEN IN P	PART IIa
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2 12 6	CATION	190. DATE OF OPERATION	196 CONDITIO	ON FOR WHICH OPERA		200 AUTOPSY?	206. IF YES, WERE	FINDINGS USED CAUSES OF DEATH?
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N Contraction of the contraction	ž	WHILE AT WORK AT WORK	(AT HOME, STREET	, FACTORY, OFFICE, FARM, ETC	STREET	CITY OR TOW	in cou	UNTY STATE
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WE 825 2					and that in (my) (par) opinian	death occurred on the day	te and how and to	m, that (I) (ye) last
4 9 24 CO		abave, (1) (ye) (die) (d 22b. SIGNATURE	id not) view the body af	ter death.	DEGREE	dediti decorred on the dat		
5 t 2 t 4		THE SIGNATURE	19/1			-MEDICAL STAFF		C. DAJE SIGNED
A 4 4 4 4 4 4		700	Lugar			MEDICAL STAFF	AN .	1/19/06
Ser		22d. PHYSICIAN'S NAME (			22e ADDRESS	1.1 20	11. 11	. 1/2 MID
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(VRA 15, 4)	H	ines/Rinal	di 11800 1	New Hamp.	Ave.S.S.Md	V 1 7 1986	Julia Davido	on-Rondalls

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2.4	065	NOV 14	88	FOR - STATE REGISTRAR			DEPARTA	MENT OF H	EALTH AND A	MENTAL HYG	IENE B B S	20	9 0
	noy be	50		CEASED NAME FOR PRINT) JOI	irst hn		F.		Rourke		26. DATE OF DEATH MONTH	10 - 86	2b. HOUR
	le 4 may	144	a. SE	MALIP		4 RACE Caucasi	an	5. DATE O	F BIRTH	YEAR	6 AGE (IN YEARS LAST BIRTHDAY) 75 YRS	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
	1	35	70 B	RTHPLACE (STATE OR FORE	IGN	U.S.A.	WHAT COUNTRY?	8. MARRIE WIDOWE	D X NEVER M	AARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH	MD.
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AND 21	on 24 hours	35	Ma		HOME OR HOUT	gomery	GIVE RESIDEFACE BEFORE 13. CITY OR TOW, KENSINGS	ADMISSION)	13d. INSIDE CI YES 🗌		13e STREET ADDRESS / ZIP COI 3612 Calvend L	oe ane	20895
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TIMORE		e medica		WAS DECEASED EVER IN 1 YES, NO OR UNKNOWN) (1		E WAR OR DATES)	166 SOCIAL SECU 217-03-2		17 INFORMAI Eileer		Rourke wife	same	
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	Soul	signed sen pli borri ury, o	7	PART 2 OTHER SIG	NIFICANTO	ONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED T	OTH TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART II	0,
ORD	00	ST. T.	CERTIFICATION		*1011	Ton and				V				
REC	3	or prince	5	196. DATE OF OPERA	TION	198. COND	ITION FOR WHICH	OPERATION	N WAS PERFOR	WED	20s AUTOPSY?	20h IF YES, W	G CAUSES	OF DEATH?
TAL	The	4 1 8 4	1	71a. ACCIDENT WAS UN	DEBINING F	21b. TIME C	NE INTIMOV		121- 11014/1014	UNV OCCUPA	YES NO	YES [		NO []
<u> </u>	AN	s certificate buriol-transi Mental Hyg		OR CONTRIBUTING		110110 4		YEAR	ZIE NOW INJ	UKT OCCURR	ED (ENTER NATURE OF INJUR	TY IN ITEM 18 PART	1 OR PART 2)	
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0	90	P. A.		77a I certify that (1)	Ohis baspit	al) attended th	degeased from	11//	X	19 16	2. to	19.	16.	that (1) we) lost
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	A So	DIRECT toched f Dept t		TIK SKIPMANNE	1	/	1	1	EGREE	Web-5			The DATE	SIGNED DE
	AL C			(alan	1	lun	aiou,	Mo	> AT	TENDING L	MEDICAL STAF		11//	9/10
	SPIT d by	FUNERAL old be det of the Stote	1	THE PHYSICIAN'S N	AME (TOPO)	(Mart)	1/0	/	22e. ADDRESS	1			11/	1104
	O HO	Should be del with the Store		ALAN 1	· KE	RMAI	ERM	D	10313	6-501	ROIA ANG	5.51	MA	20402
	Te	F # 3 \$ 7	23e. I	BURIAL, CREMATION,	REMOVAL	236. DATE	/ 23c. N	NAME OF CI	METERY OR C	REMATORY	23d LOCATION CITY OR TOWN		OUNTY	STAPE
	BP			Burial		Nov. 2	2, 86 Ga	te of	Heaven	Cemet	ery Silver.	Spring	Montg	omery Md.
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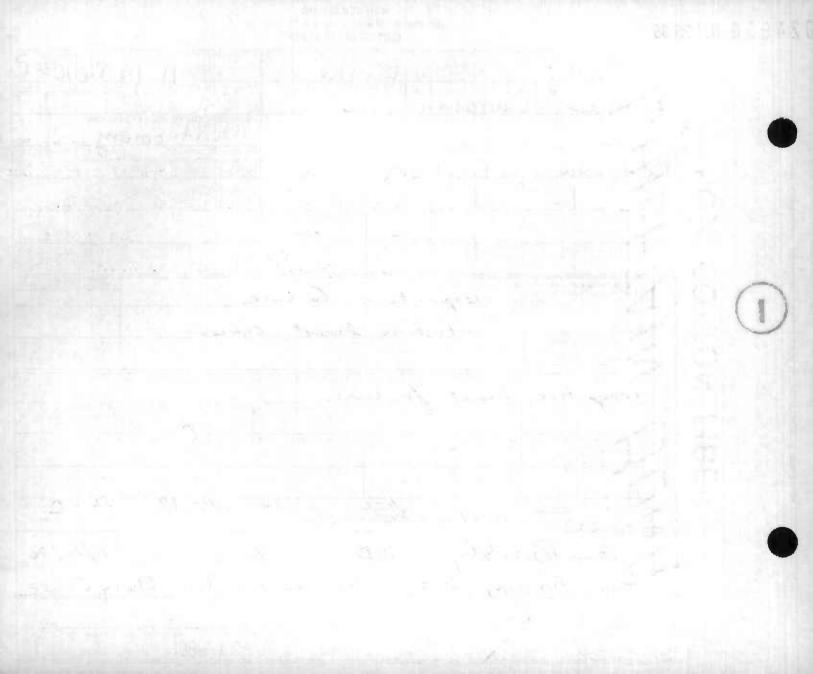
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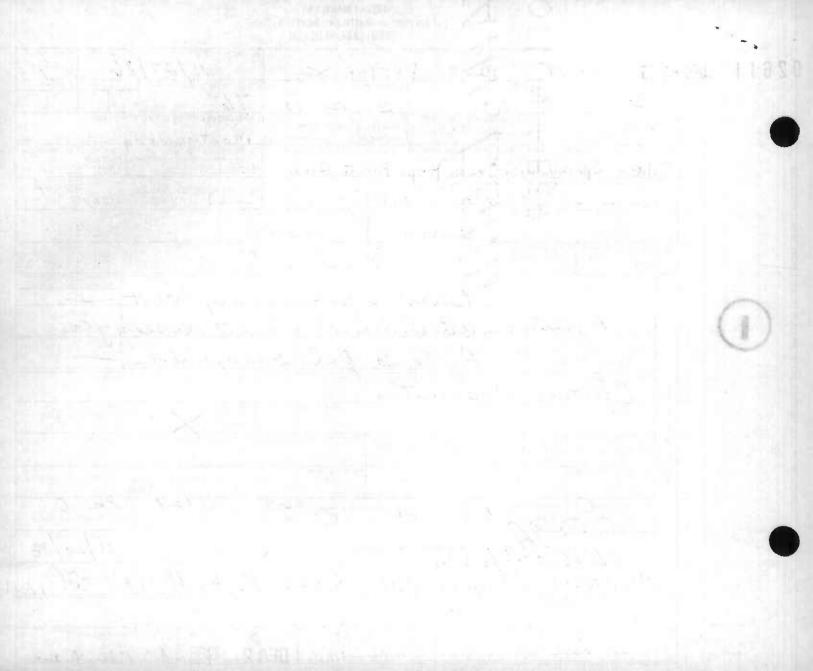
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	)	Maryland	U.S		WIDOWE	DIX DIVORCED	Montgome			MD.
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he lo on.	<b>₹</b>						YES NOT	IN CERTIFYING		NO [
VIT. N. T. N	Ü	21a ACCIDENT WAS UNDERLYING	216. TIME O		DAY YEAR	21c. HOW INJURY OCC	URRED (ENTER NATURE OF INJ	RY IN ITEM IB PART I	OR PART 2)	
IOF ICIA	1 3	OR CONTRIBUTING CAUSE OF D	rain.	M.	19					3.3
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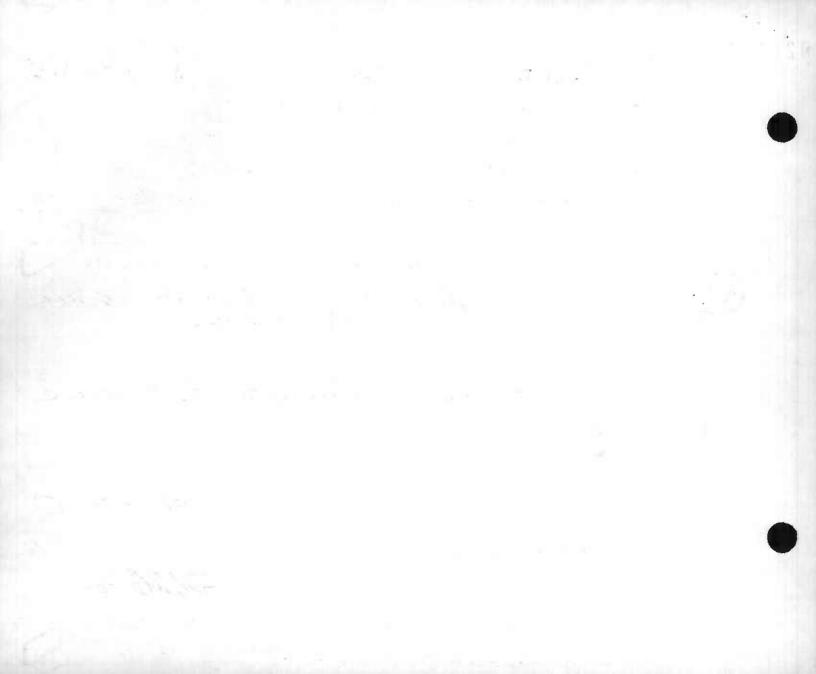
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or kecut	edico		VAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL SEC	CURITY NO. 17 INFORMANT	ADDRESS	
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DIVISION OF VIT NG PHYSICIAN: offer this certificat	2 30	MEDICAL	214 INJURY OCCURRED	210 PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE
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OR ATTE hospite	(2) (A/o. 5)		opove, (Ne) (did) (did	on19_ nat) view the body after death.	DEGREE	death accurred on the date and hour	22c. DATE SIGNED
		4	The same of the sa	R- M. O.	ATTENDING .	MEDICAL STAFF	11/20/10.
HOSPITAL ned by t	State (ANT: 1	4	PHYSICIAN'S NAME (TYP	PE OR PRINT)	PHYSICIAN D	DIRECTOR PHYSICIAN	1 1/20/19
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5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	5 3 ≦ /		URIAL, CREMATION, REMOV		NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY
BP	-		BURIAL	NOV. 25, 1986 F	t. LINCOLN CEM.	BRENTWOOD	PGC., Md.
DHMH - 16 50		24 FL	INERAL DIRECTOR	ADDRESS	- / DE	TE REC'D. BY REGISTRAR 256. REGISTR	AR'S SIGNATURE
(VRA 15,	, 4)	N	. W. CHAMO	SEKS CO. RIVE	ERDALE, Md. DE	C1 1986 (India 1)4	S. O. V. Verryanna

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٥		ar Af	Е,	220.1 certify that (I) (this	nospital) attended the deceased from	19 86	10 11-19	. 19 6 that	(we) lost
	TEN	for to af H		sow the deceased of	e on	d that in my (our) opinion o	deoth occurred on the date and h	our and from the cause	s stoted
	OR A	hed hed tept.		22b. SIGNATURE		DEGREE		22c. DATE SIGN	ED
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	В	P		Burial	Nov. 23,1986 Gleni	nville Cama	t. Glennyill	Connect	STATE
	DHA	NH - 16 60M 7/84	24 F	UNERAL DIRECTOR RO	pert A. Pumphrey Fun	eral 250 DATE	E REC'D. BY REGISTRAR 256. REG		حالانام
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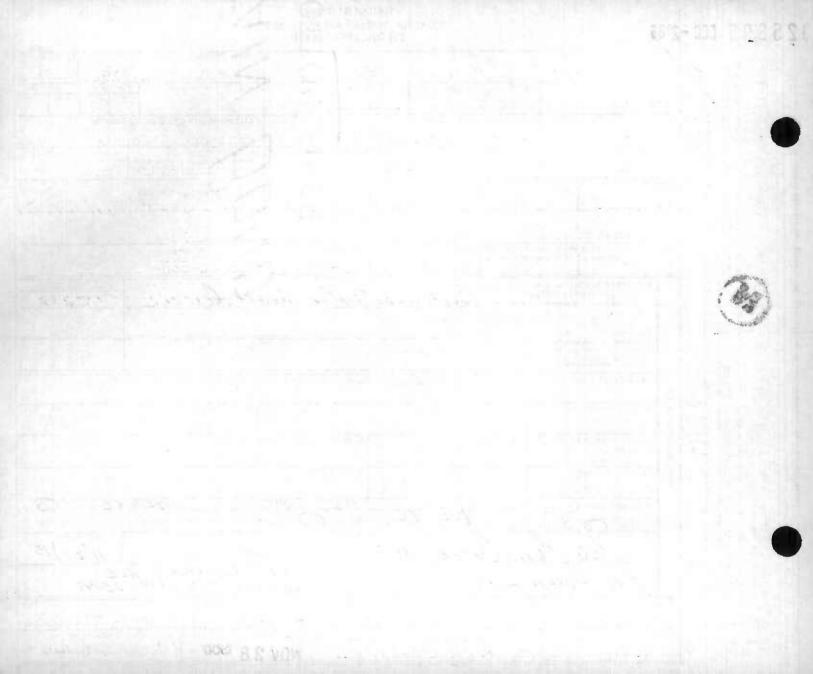


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OR CONTRIBUTING CAUSE OF DEATH    CITY OR TOWN   COUNTY	n. os been signed by the attenderent. Then please remove can prior to burial, cremotian, as any injury, an ather troumer	TIFICATION	Conditions, if any, gove rise to imme couse (a), stating underlying couse	which cliote the lost (c)_  EXAMPLE ANT CONDITIONS (	OR AS A CONSEOU	DEATH BUT NO	DI RELATED TO T	THE TERMIN	NALDISEASE OR OF LEE KE	PUDITION G	ES, WERE FIR	ORL NDINGS U JSES OF D	EATH?
ATTENDING MEDICAL STAFF PHYSICIAN'S NAME (TYPE ORPRINT)  270. DATE SIGNED  271. DATE SIGNED  272. DATE SIGNED  273. BURIAL CREMATION, REMOVAL  273. BURIAL CREMATION, REMOVAL  273. BURIAL CREMATION, REMOVAL  274. DATE  275. SAGNATION  276. DATE  277. DATE SIGNED  277. DATE  278. DATE  278. DATE  279. DATE  279. DATE  279. DATE  270. DATE  270. DATE  270. DATE  270. DATE  270. DATE  270. DATE  271. DATE  272. DATE  273. DATE  273. DATE  273. DATE  274. DATE  275. SAGNATION  276. DATE  276. DATE  277. DATE  277. DATE  278. DATE  278. DATE  278. DATE  279. DATE  279. DATE  279. DATE  270. DATE  270. DATE  270. DATE  270. DATE  270. DATE  270. DATE  271. DATE  272. DATE  273. DATE  273. DATE  273. DATE  274. DATE  275. SAGNATION  275. SAGNATION  276. DATE  277. DATE  276. DATE  277. DATE  278. DATE  278. DATE  278. DATE  279. DATE  279. DATE  279. DATE  270. DAT	SICIAN: 1 certificate uniol-trans hental Hyg si		OR CONTRIBUTING CA	LEXAMINER) HOUR	A.M. MONTH D P.M.	AY YEAR		OCCURRE	D (ENTER NATURE OF	njury in item 18	8 PART I OR PAR	(2)	
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DHMH-16 50M 4/83  PHMH-16 50M 4/83	RP		SPECIFY)	MOVAL 738. DATE	0 01 0-	+ A A / !	LOGICIO O	amata	CITY OR TOWN	Snri	COUNTY	taami	STATE A
(VRA 15, 4) 500 University Blvd. West, Silver Spring, Md.   NOV 21 1500 games	HMH - 16 50M 4/83	24. F	UNERAL DIRECTOR	rancis J. C	Collins	Ir.		250 DATE NO	V2 T 198	AR 256 HEGH	STRANTE AND ALL	MAINE	dael

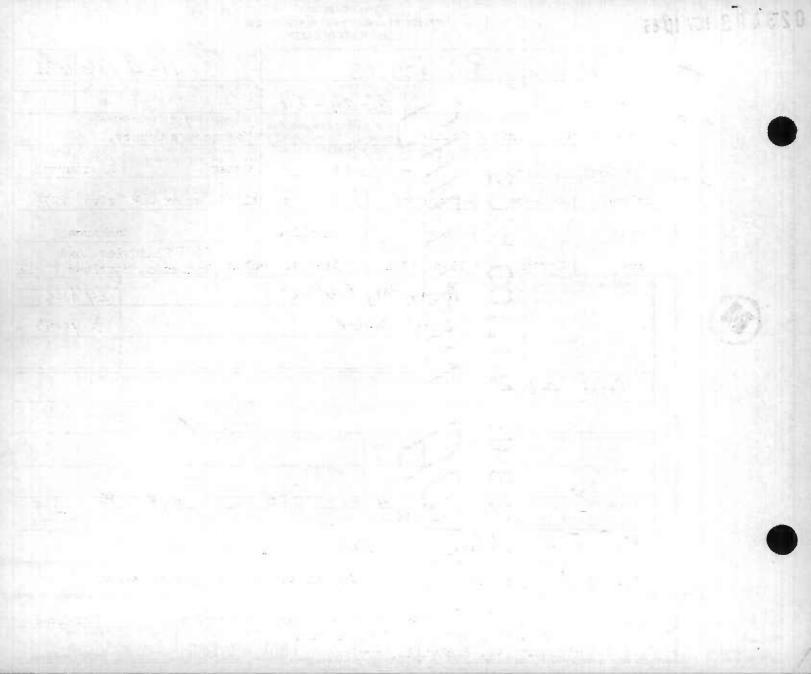


	1 -	FOR STATE REGISTRAR			DEPA	RTMENT OF H	OF MARYLAND EALTH AND MENTAL H ICATE OF DEATH	YGIENE 8 6	REG. NO.	2 6	
02589 DEC		CEASED NAME	DIS		V	Pa	$\infty$ le	2a. DATE OF D	HTMOM HTAE	23 86	26. HOUR
ge 4 moy ector, pag ors after de	3. SE.	female	4.		rsian	S. DATE C		6 AGE (IN YEAR	YR	IF UNDER I YEAR MONTHS DAYS	
nerol di nn 72 hou		RTHPLACE (STATE OR FO	REIGN 76	CITIZEN OF	WHAT COUNT	RY? 8. MARRIEI WIDOWE	DIVORCED [	9. BALTIMORE	ontam	NEW CO	centry m
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MARYLAN red within 2 smpletely fil ond 2 shou	14. F/	WILLIAM	MIE	DDLE	SANNO	leis	15 MOTHER'S MAIDEN I		MIDDLE	Verell	st
BALTIMORE, I	16a. \	VAS DECEASED EVER VES, NO OR UNKNOWN)	N U.S. ARMI   IF YES, GIVE W		166. SOCIAL S	ECURITY NO.	W. C. Pool	le J1	DICKE	א ענצי	ent,
301 W. PRESTON ST., BA es that or dient certificate ed by the emore corporate paysic picol, creating of removal lying, creating of removal		Canditians, if any, gave rise to imm cause [a], statin underlying cause	which nediate g the last.	DUE TO, OI	R AS A CONSE	QUENCE OF	ABDOMIA CLADOTIC  NOT RELATED TO THE TE	AWGUNG CARDIO- DI	your UAS CU SOLAS	luie	XMATE INTERVAL  ONSET AND DEATH
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HYSICIAN: ading phys as certifica buriol-tra I Mental Hy or hemal	MEDICAL CER	21a. ACCIDENT WAS UND OR CONTRIBUTING CO (IF EITHER, NOTIFY MEDICA 21d. INJURY OCCURR WHILE NOT WH	AUSE OF DEATH	P.,	M. MONTH M.	19	211. LOCATION STREET		RE OF INJURY IN ITEM	18, PART 1 OR PART 2)  COUNTY	STATE
R ATTENDIN hospital or RECTOR: A red for use opt. of Healt tem 21 is mo		white NOT WAT WORK 220. I certify that (I) saw the decease abave, (I) (we) (d 22b. SIGNATURE	(this haspital	NOU	19	9_ <b>66</b> , or	d that in (my) (aur) apini			haur and from the	, that (I) (we) las e causes stated E SIGNED
TO HOSPITAL O retoined by the TO FUNERAL DI should be detock with the Stote D IMPORTANT: If I		22d PHYSICIAN INA	ME (TYPE OR P	2/DV ONCION	MD	1 "	ATTENDING PHYSICIAN P.O. BOX 139	DIRECTOR .	PHYSICIAN D	d. 208:	37
7 5 7 4 3 8		BURIAL, CREMATION, SPECIEY) Byeral	REMOVAL	236. DATE	186	Moro, CA	EMETERY OR CREMATOR	23d LOCATA	9WN //-	COUNTY	well.
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5695 DEC	-218	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.					
		CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR				
poge 3	1		ephine M.	Pouget	November 22	, 1986 11PM				
	3. SE		4. RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS				
ge 4	f	emale	caucasian	March 13, 1890	96 YRS	MIN MIN				
4 P 20 1	7 70. B	IRTHPLACE (STATE OR FOREIGN		MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH				
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The first		ITY OR TOWN OF DEATH		ING HOME OR OTHER INSTITUTION ET ADDRESS)	120. USUAL OCCUPATION  (1YPE OF WORK FOR MOST OF WORKING LIFE)  INDUSTRY					
Filed by		heaton		Is Nursing Home	Restauranteur	Food				
tely filled in 2 should be unermust	M	aryland Mo	we or other institution give residence bere ounty 13c. City or to intgomery Bethe	130 113102 0111 2111113:	134.STREET ADDRESS / ZIP COD 8613 Rayburn					
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ecute Gol co	16a	WAS DECEASED EVER IN U.S	. ARMED FORCES? 166 SOCIAL SEC		ADDRESS					
Pogo ex		VES. NO OR UNKNOWN) (IF YE	S. GIVE WAR OR DATES) 578 09	3447 Raymond E.	Pouget-son-	see #13				
been signed by the others. The property of the others of the please remove only injury, or other troun	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)  196 DATE OF OPERATION  196 CONDITION FOR WHICH OPERATION WAS PERFORMED  206 AUTOPSY?  206 IF YES, WERE FINDINGS USED								
o be bo	SHE SHE			O'EKATON WAS TEN ONMED	IN CERTI	FYING CAUSES OF DEATH?				
SICIA ng P centri nriol-i	4	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE EITHER, NOTIFY MEDICAL EXAM	HOUR A.M. MONTH P.M.	DAY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)				
TO HOSPITAL OR ATTENDING PHY'S retoined by the hospital or ottendir.  TO FUNERAL DIRECTOR: after this should be detached for use as the buwith the State Dept. of Health and Management of State Dept.	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E FARM ETC ) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE				
	7	saw the deceased sliv		DEGREE  M.D. ATTENDING PHYSICIAN [	death occurred on the date and had death occurred on the date of the	220. DATE SIGNED				
		BURIAL, CREMATION, REMO	VAL 236 DATE 1986 23c	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE				
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23483 NOV	2	COR ETATE REGISTRAR		DEPART	MENT OF I	E OF MARYLAND LEALTH AND MENTAL HYG ICATE OF DEATH	IENE BEG. N	j	20	1 7
noy be poge 3	TYP	CEASED NAME FIRS	ge :	5 Pa	ould	)S	20. DATE OF DEATH	MONTH DAY	-866	O A M
oge 4 mc rector. p	3. SE	MALE		asian	S. DATE (	-24-34	6. AGE (IN YEARS LAST BI	YRS.	THS DAYS H	OURS MIN.
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rthin 24 hour tely filled in 2 should be intermet the	13a. Ma		bme or other institution COUNTY ntgomery	13c. CITY OR TOW Germanto	N	13d INSIDE CITY LIMITS?  YES NO 3	136.STREET ADDRESS 11555 Summ		Drive	20784
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BALTIMORE, MARYLAND There be executed within 24 more completely fille opers. Poges 1 and 2 should full the medical examiner. The			S. ARMED FORCES? (ES. GIVE WAR OR DATES) Orean	579-52-8		William J. Po		Plainv: esda, Ma	iew Roa arvland	d 1_20817
that the angle of core to the training of core		18. CAUSE OF DEATH (En PART I. DEATH WAS C IMM  Conditions, if ony, white gove rise to immedia cause (a), stating the underlying cause lo	AUSED BY: EDIATE CAUSE (a)  DUE TO, C  the  DUE TO, C		atou ENCE CE	Failue 1cer				TE INTERVAL ET AND DEATH  OUS  R ONS
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1 OR ATTE the hospito 1 DIRECTO froched for e Dept: of It Item 21		sow the deceased oli obove, (I) (we) (did) (c 22b EIGNATURE	ve on 1/3 did not) view the bod	19 <		DEGREE ATTENDING PHYSICIAN		AFF	22c. DATE SIC	GNED
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DHMH - 16 60M 7/84 (VRA 15, 4)		UNERAL DIRECTO Robe  O West Montgo		hrey Fune	eral H	lomes, P. A. 25a DATE		25b. REGISTRAF		E

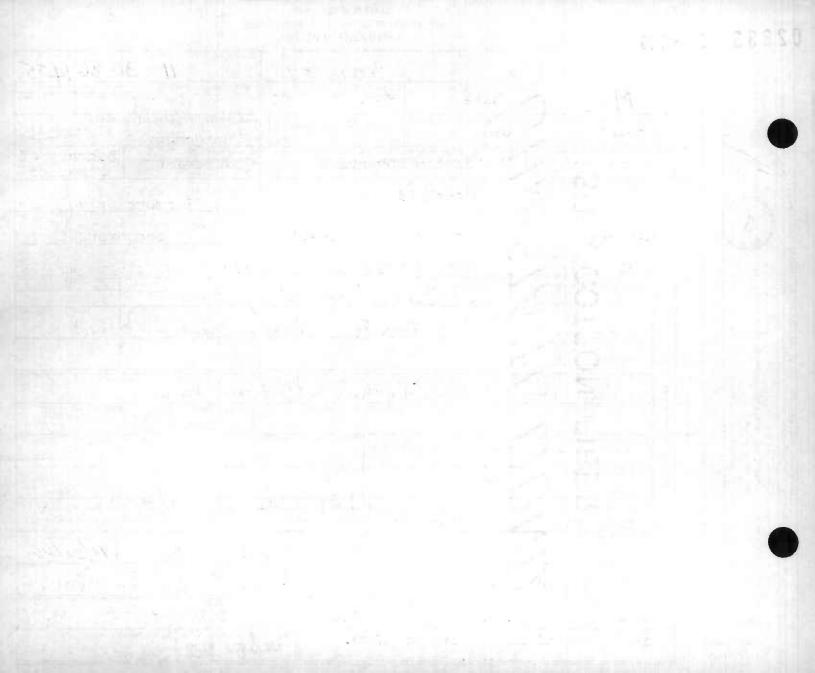


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- 1003 100	4 - STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
oy be oge 3 deoth	1. DECEASED NAME FIRS		PRESTON)	N. DATE OF DESIGN	7 - 86 6 P M
The poor	3. SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	FUNDER I YEAR IF UNDER 24 HRS
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physic popern movol	PART I. DEATH WAS C.	er only one couse per line for (o), (b), o	monitis		BETWEEN ONSET AND DEATH
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that the that the desire release recipil, creminal, crem	couse (a), stating the underlying couse los	t. (c) Cece	bral arteriosc		3 months
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NDINC or or o or or o use os use os Heolth is mork	22a I certify that (1) (this	hospital) attended the deceased from		10 NOU 12	19_86, that (1)(we) lost
OR ATTEN the hospital DIRECTOR oched for u Dept. of Hem 21 is	obove, ((we) (did)	ve on NOV 12 19 id not view the body ofter death.	DEGREE	deoth occurred on the date and hou	22c. DATE SIGNED
SPITAL OR d by the the NERAL DIR be detoching Stote Der	- Chu	2 V Vors	MD ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	11-13-86
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TO F should with MPPO	230 BURIAL CREMATION, REMO	OVAL 23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	23d LOCATION	COLORE
BP	Burial		Allston Meth. Ch. Cem.	Fallston, Harford Go	Maryland 21047
DHMH - 16 60M 7/84	24 ELINERAL DIRECTOR AND	ster 50 W. Brandwa	T 41 1111111111111111111111111111111111	TE REC'D. BY REGISTRAR 25b. REGIST	RAR'S SIGNATURE
(VRA 15, 4)	merville 7	note Bel Ari, Man	yland 21014	1-11-86	

(VRA 15. 4)

STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 00-22894 REG. NO. 20. DATE OF DEATH DECEASED NAME MONTH # 2b. HOUR AUDIO 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) YEAR Male. 5 PANISH Feb. 19. 1929 THE BINTHPLACE ISTATE OF FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED MONTGOMERU PERM. RES DOMINICAN KETUBLE WIDOWED CITY OR TOWN OF DEATH IT. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR Takoma Park, Washington statventist Hosp. CONTractor working Life) INDUSTRY SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS / ZIP CODE N36 COUNTY 13c. CITY OR TOWN II 134 INSIDE CITY LIMITS? Prince 22nd. Place. Gedrge / Hvattsvi Claudio Puesamo 15. MOTHER'S MAIDEN NAME MIDDLE FIRST ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT (YES, NO OF UNKNOWN) (IF YES, GIVE WAR OR DATES) LUESAN 6611 22Nd VL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a), TIC PAUCIOUS (AMERIL Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2\_OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 19L CONDITION FOR WHICH OPERATION WAS PERFORMED 29e ALITOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO F 21s. ACCEPENT WAS UNDERLYING. 716 TIME OF INJURY THE HOW INJURY OCCURRED. LONGER HATURE OF HARDY IN TEM TE MART I OR PART 21 HOUR A.M. MONTH DAY YEAR OF CONTRIBUTING TO CAUSE OF DEATH P.M. OF EITHER NOTHY MEDICAL EXAMINERS 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY DITY OR TOWN COUNTY STATE EAT HOME STREET, FACTORY, OFFICE, FARM, ETC.) WHEEL OF MOT WHILE OF or) apinion death occurred on the date and hour and from the course stated DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR T PHYSICIAN T PEMATION, REMOVAL 73c NAME OF CEMETERY OF CREMATORY George Washington. Takoma Funeral Home. Inc. DHMH - 16 60M 7/84 (VRA 15, 41)

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rector ors of	FEmale		gust 23 1902	84 <sub>YRS.</sub>	
erol di Pod	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) Washington, DC	76 CITIZEN OF WHAT COUNTRY? 8 MARE	NEVER MARRIED	Montgomery	F DEATH MD
he fun	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME	OR OTHER INSTITUTION 12a	HISHIAL OCCHIPATION	126 KIND OF BUSINESS OR
1201 100's of	Kensington USUAL RESIDENCE (IF NURSING HOME)	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIO	Nursing Home	Meat Wrappe	r Safeway
ND 2	130 STATE N36 COL	INTY ISC CITY OR TOWN R George Seat Plea	113d INSIDE CITY LIMITS? 113e.5	STREET ADDRESS / ZIP CODE Adak, Stree	t 20743
ARYLA d 2 sh	FATHER'S NAME	Roland	15. MOTHER'S MAIDEN NAME	Alice	Simpson
Comp	John F		Lottie 17 INFORMANT		~
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DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low requirentending physician. Wher this certificate has been signs of the buriol-transit permit. There thank mental Hygene prior to the new year injury orked or frem 18 shows.equ injury.	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OPERAT	ION WAS PERFORMED 2	20b. IF YES, V	VERE FINDINGS USED NG CAUSES OF DEATH?
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OF VII	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	HOUR A.M. MONTH DAY YEA	R	(ENTER NATURE OF INJURY IN ITEM 18 PART	1 OR PART 2)
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DIVIS In offer os th	AI WORK	6	A22 81	Nochh 21	89
ATTEND sppitol of CTOR: d for use i. of Heo	saw the eccessed	pitol stended the deceased from 1971	and that in (my lour) opinion death	h occurred on the dote and hour o	nd from the causes stoted
OR AL	77b GNATURE	The body after death.	DEGREE ATTENDING M	EDICAL STAFF	22c. DATE SIGNED
PITAL by the ERAL edete detector State	THE PROPERTY NAME OF	mini m		RECTOR   PHYSICIAN	
D HOSE round O FUN hould be	Deloran J-	toRunial, ml	18111 Prin	ve Philip 7	he Obs. Ad-
or show	230 BURIAL, CREMATION, REMOVA	AL 236. DATE 23c NAME O	CEMETERY OR CREMATORY 2	23d. LOCATION CITY OR TOWN	COUNTY STATE
BP	Burial  PARENTE E  Burial DIRECTOR  NAMRODER E	24Nov1986   Cedar	Hill Cemeters	y Suitland	PG Md R'S SIGNATURE
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	1.	FOR STATE	DEPART	MENT OF HEALTH AND MENTAL HY	GIENE	
4898 NOV 1	1. 0	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
0 3 0 1101		EASED NAME FIRST	MIDDLE	LAST	28. DATE OF DEATH MONTH	DAY YEAR 25 HOUR
24		OR PRINT)		Pa 1.1.1	1111-15	( 10000
dec dec			min .	1 ands I ph	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
2	3. SE	1111	1. RACE	5. DATE OF BIRTH	6. AGE (INYEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
		MAIE	DIACK	NOV. 26, 1911	17 YRS	
10/			76. CITIZEN OF WHAT COUNTRY	2 8	9. BALTIMORE CITY OR COUN	TY OF DEATH
-850	(	OUNTRY)	11.5 A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	MONTGOM	ERY
9	10.01	V OR TOWN OF DEATH	1). NAME OF HOSPITAL NURS	NG HOME OR OTHER INSTITUTION	The USUAL OCCUPATION	113. KIND OF BUSINESS OR
起石	2	0111.110	UF HOT IN SWICHTACILITY OWN STREET		(THE OF YORK FOR MOTOR WORKING	(FE) INDUSTRY
0	1	OCKVINE	shary orrol	re Nowentist No	A TIPE HAYE	R
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CA		1110. 1110	with Nink	SON YES NO	20460 Dealls	Uille Rd/ 2084Z
2	14 FA	THER S NAME		15. MOTHER'S MAIDEN N	AME /)	
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dec.		AS DECEASED EVER IN U.S. ARA	WAR OR DATES!		al I / Wish	SAMO AS
1		140	220-05	-8213 (Deulah 1) A	1)dolph (wite)	# 13
4		8 CAUSE OF DEATH (Enter on	y one cause per line for (a), (b), a	nd (c).	1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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6		IMMEDIATI	E CAUSE (o)	1	1	
P 5			DUE TO, OR ASA CONSED	JENCE OF -CAMPAGE	Abot pulas	Diense
0		Conditions, if any, which gove rise to immediate	(p) 12/11	The Coll brace	ODSI, Parent.	Piperin
1		cause (a), stating the	DUE TO, OR AS A CONSEQUE	JENCE OF LO D	Vand 10 - to	Time
6		underlying cause last.	(c) 2	- vartial 1	VEUNTECIONA	g T Tunior
		PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER.	MINAL DISEASE OR CONDITION	VEN IN PART To
2 2	ő					
177	IFICATION	90 DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION WAS PERFORMED		YES, WERE FINDINGS USED
5 07	F		Marine Control			TIFYING CAUSES OF DEATH? YES \( \bigcap \) NO \( \bigcap \)
2-1	CERT	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	121, HOW INDURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM I	
20	0	OR CONTRIBUTING CAUSE OF DEAT			(ENTER NATURE OF INJURY IN ITEM	8 MART   OR PART 2)
1 /	CA	(IF EITHER NOTIFY MEDICAL EXAMINER)		19		
8 /	WED	21d. INJURY OCCURRED	21e PLACE OF INJURY	211. LOCATION	CITY OR TOWN	COUNTY STATE
Do No	Z	AT WORK	(AT HOME, STREET, FACTORY, OFFICE	FARM, ETC )	CIT ON TOWN	31412
			ol) attended the deceased from	, 19	to	, 19, that (I) (we) lost
2		saw the deceased alive on.	or allended the deceased from		n death occurred on the date and h	
14		obove, (1) (we) (did) (did not	) yiew the body after death.		death occurred on the dore ond h	
A		226. SIGNATURE	100	DEGREE		226 DATE SIGNED
3		TMV(X	Muy	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	111-15-86
3 1		224 PHYSICIAN'S NAME (TYPE OF	PRINT)	22e ADDRESS	7	1-1811-11
8 /		SAMUEL IN	CHANG	U.D. 20010	Fisher Ave D	00 LESVILLE, MIT
3			1		Tollo I I I I	111
-	230. 1	URIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	CITY OF TOWN	COUNTY
_		Burial	11-19-86 Mt	Zion Cemetery		Montg. MD
1 4/B2	24 FI	INERAL DIRECTOR	246 N.	Washington Stop	TE REC'D BY REGISTER PORTE	SEMATHRE
4)	(	George R. Sno	wden Rockvi	11e. MD 208510V	13 1000	were thoughts.

purial 11-15-36 Mt Zion Cemetery w Dickerson, money. ....

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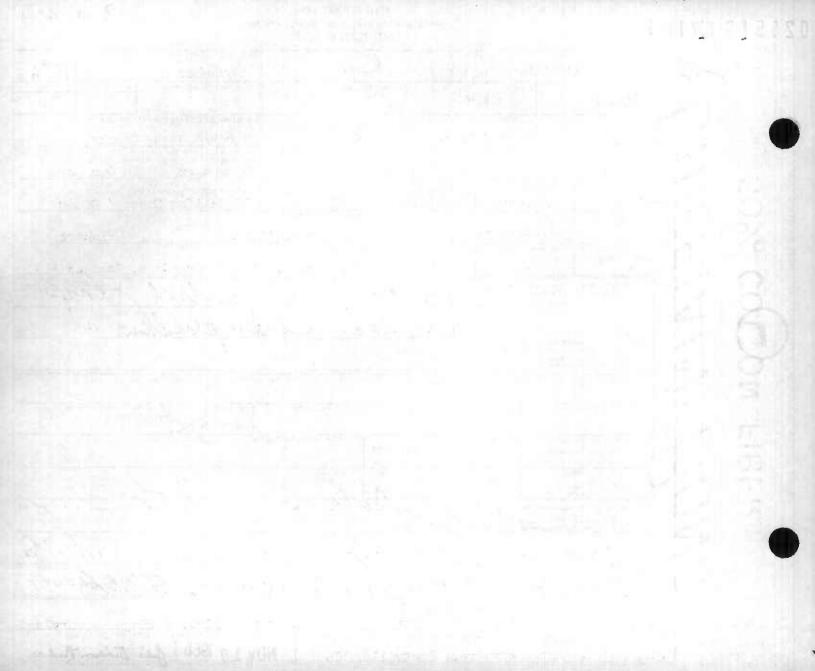
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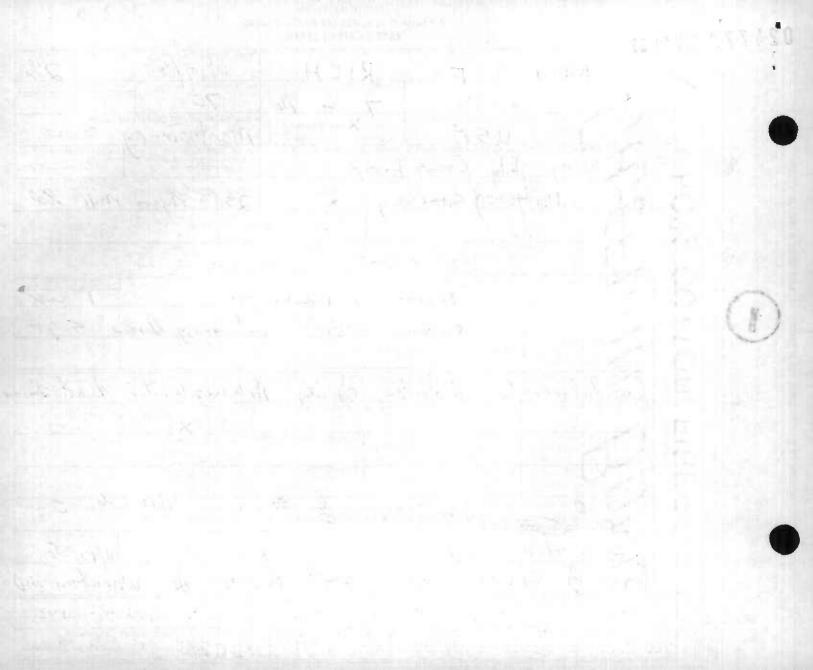
STATE OF MARYLAND

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0245 L 6 NOV 1	OFOR STATE REGISTRAR	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HY  CERTIFICATE OF DEATH	GIENE 8 5 3 2 0 2 8
	DECEASED NAME FIRST	MIDDLE	20 DATE OF DEATH MONTH DAY YEAR 20. HOUR
be be	(TYPE OR PRINT) ELIZAL	peth Rieger	November 11, 1986 10 A M
ge 4 moy ector. po	3 SEX female	June 24, 1893	6. AGE (IN YEARS LAST BIRTHDAY)  IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.  93  YRS.
of program	To. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH
nera na 72	Hungary	United States   WIDOWED DIVORCED	Hontgomen County, MD.
offer d	10 CITY OR TOWN OF DEATH Bethesda	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) SULLINDAY HOSPITAL	12a USUAL OCCUPATION 11YPE OF WORK FOR MOST OF WORKING LIFE) Homemaker  12b. KIND OF BUSINESS OR INDUSTRY Own Home
in b	USUAL RESIDENCE LIF NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	
AND 2		gomery Rockville YES 🛛 NO 🗆	13 Halifax Court / 20850
RYL within	14. FATHER'S NAME	MIDDLE LAST FIRST	AME MIDDLE LAST
MARY ted with		available Not avai	
MORE,	160 WAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT	ADDRESS
Poo e	No	- 273-03-9397D Mr. Earl F.	Rieger, Grandson, Same as #13
guires the the seath continues the the seath continues the the seath continue phase because calcon to buriol, a memorial continue, or remaining or remaining the seath of the	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANI	DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  T CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVEN IN PART 110
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requirentending physicion. Wher this certificate has been signs the burlot-transit permit. Then the ond Mental Hygiene prior to be dored or them all shows any injury.	190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO
PF VITAL IAN: The physicio rificate I -transit of Hygie	OD CONTRIBUTION   CAUSE OF F	DEATH HOUR A.M. MONTH DAY YEAR	RRED (ENTER NATURE OF INJURY NO ITEM 18 PART 1 OR PART 2)
PHYSIC ending: this cert to burroll dor ten	(IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	VER) P.M. 19 21e PLACE OF INJURY 711 LOCATION	
DIVISIC On offen this After this e os the k bith and I	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	CITY OR TOWN COUNTY STATE
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ATTER IOSpirto ECTOR ed for a 51. of H	ohave, (i) (wet (did) (did.)	on and that in (my) (our opinion	22c DATE SIGNED
AL OR the hy the hy the hy the cetoche tetoche te Deporter Deporte	Anh	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN
TO HOSPITAL (retained by the TO FUNERAL Is should be deto with the State I IMPORTANT; if	22d PHYSICIAN'S NAME (TYPE	9. WARD GNE Rahr	wash, Bethloph 20\$19
of of Mark Mark	230. BURIAL, CREMATION, REMOVA	AL 23b. DAT November 23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN COUNTY STATE
BP	Burial	13, 1986 Gate of Heaven Cemet	
DHMH - 16 60M 7/B4	24 FUNERAL DIRECTOR Robe		TE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE
(VRA 15, 4)		gomery Ave., Rockville, MD.	DV 1 7 1986 Julia Dividor Pondosa



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH PESISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH 26. HOUR (TYPE OR PRINT) Florence 5. DATE OF BIRTH & AGE (IN TEARS LAST BIRTHDAY) IF UNDER I YEAR Caucasian Female 16 To BIRTHPLACE (STATE OR FOREIGN TE CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED Washington, DC County WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12h KIND OF BUSINESS OR NOT IN SUCH FACILITY, GIVE STREET ADDRESS Type of work for most of working Homemaker Own Home USUAL RESIDENCE (IF NURSING HOME OR O HER INSTRUCTION, GIVE RESIDENCE BEFORE ADMISSION 20902 13e STREET ADDRESS NIZIP CODE 803 FATHER'S NAME FIRST MIDDLE Emilie Young A. James Boorman ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NOB 17 INFORMANT (IF YES, GIVE WAR OR DATES) JoAnn Rich, same as #13 No APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one couse per line to Air), (b), and ic. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 116 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [ NO [ 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED FINTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY STATE NOT WHILE 220.1 certify that (1)(this hospital) attended the deceased from De, and that in (our) opinion death occurred on the date and hour and from the couses stated obove (1) (we) (did not your the body ofter death DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS the regrara CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 1986 Bürial Silver Spring, Maryland 20, Gate of Heaven 24 FUNERAL DIRECT Robert A. Pumphrey Funeral Homes 250 Date REC'D. BY REGISTRAR' 25B. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 300 West Montgomery Ave. Rockville, MD who Davidson Randall (VRA 15, 4)

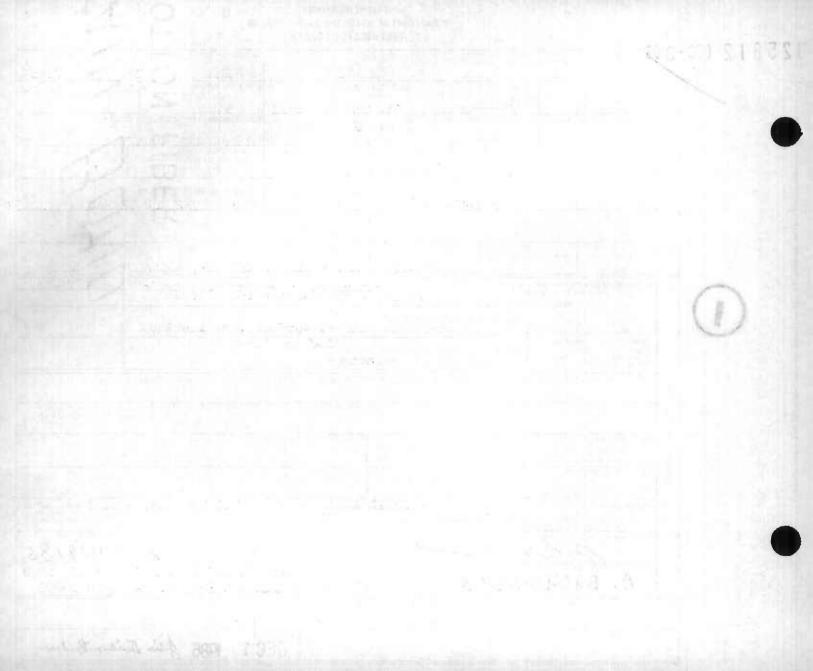


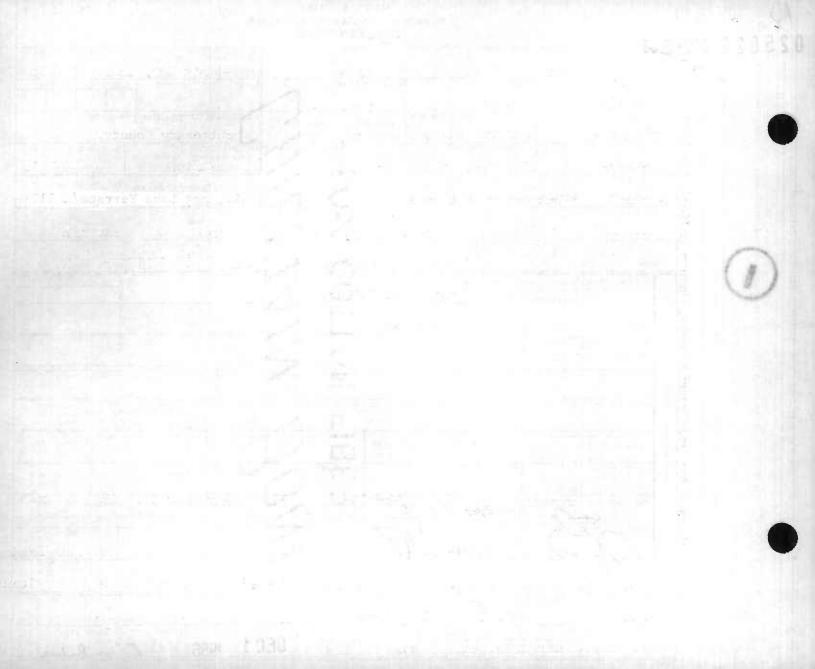
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2 4 6   DEC	I DI	DASED NAME FIRST	M. LancasTer	-	RIE (	20 DATE OF DEATH		26 HOUR 36 12:25 p.m.
pog prog	3 SE	x	4. RACE	3. DATE C	PE BIRTH	& AGE (IN YEARS LAST BIRT	HDAY) IF UNDER	LYEAR IF UNDER 24 HRS
ector.		Female	White		. 28, 1900 YEAR	86	YRS.	DAYS HOURS MIN.
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3/190	0	ITY OR TOWN OF DEATH			11 -	Psychiatric	ON 12b K FWORLING LIFE) 12b K INDL Aide Lod	Chesthut or ge, Hospital
1 1635	13a.	AL RESIDENCE (IF NURSING HOME OF STATE 136 COU Mon'	tgomery Rockvil	le		13. SIREET ADDRESS / 705 Edmons	ton Drive	20852
1/4/	14 F	ATHER'S NAME  John	Bodisch Bodisch		IS MOTHER'S MAIDEN NAM	WE	Shaunti	shay
ond coll Poges T		WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SECU VE WAR OR DATES) 577-40-5		Sylvia L. C	Rockville, Matron (daught	d. 20852 er)14010	Parklane Dr.
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he low requon.  I has been so the prior if permit. I here prior if the prior is the	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE IN CERTIFYING C. YES [	FINDINGS USED AUSES OF DEATH? NO [
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IG PHY ottendir ter this s the bu	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, I	FARM ETC)	211 LOCATION STREET	CITY OR TO	wn cou	NTY STATE
IL OR ATTENDING the hospital or an IL DIRECTOR After proceed for use of the Dept. of Health is If them 21 is mo			ital) attended the deceased from 11- 23 19 19 19 19 19 19 19 19 19 19 19 19 19		d that in (my) (our) opinion of DEGREE ATTENDING	, to	te and hour and fro	m the couses stated  DATE SIGNED
TO HOSPITAL retoined by 11 TO FUNERAL should be det with the Store IMPORTANT:			E. HOWE. MD		18201 MARI	EN LANE,	CLNEY,	MD.
BP		BURIAL, CREMATION, REMOVAL (SPECEY) Burial	11/26/86	Parkla	emetery or crematory nwn Memorial	Park CITY OR TROC	kville, Ma	ryland STATE
DHMH - 16 60M 7/B4 (VRA 15, 4)	24 F	UNERAL DIRECT Tyson W. 331 Rockville Pi	heeler Funeral Hoke, Rockville, Md	me, I	nc.	REC'D. BY REGISTRAR	4	GNATURE PARAMETER

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20500		FOR			DEPA		E OF MARYLAND EALTH AND MENTAL HY	GIENE 8 (	3	20	3
025681 DEC-	518	STATE REGISTRAR					ICATE OF DEATH		G, NO.		4313
Zanan an Gill		CEASED NAME FOR PRINTE	IRST	M	NIDDLE		AST	20. DATE OF DEA		AY YEAR 2h	HOUR
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W 85 1/	3 SE		4 RAC	CE		5 DATE C	DE BIRTH YEAR	6 AGE (IN YEARS L			UNDER 24 HRS OURS MIN.
b 91 19		emale		ıcasi		0.3		85	YRS.		
1 1 47		RTHPLACE (STATE OR FORE:			WHAT COUNT	MARRIE	D NEVER MARRIED	1	TY OR COUNTY		
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B 1 1 85	Ga	ithersburg	Sha	ady G	rove Ad	ventist	t Hospital		ficial		
The sold by	130 3	AL RESIDENCE (IF NURSING TATE Sh. D.C.	COUNTY N/A	nstitution, (	GIVE RESIDENCE BE 13 CITY OR TO Wash.	D.C.	13d INSIDE CITY LIMITS?	13e.STREET ADDR	ess / zip code nyon Str	eet, N.W	20010
EVI	4 F	THER'S NAME	WIDDLE		LAST		15. MOTHER'S MAIDEN NA	ME	DIE	LAST	THE TO
A D DIE	-	itz			Scha		Augusta	L.		(unavail	able)
age of the control of	1	VAS DECEASED EVER IN L	U.S. ARMED F	ORCES?	166 SOCIAL SE			03 Mazzon		•	MESE.
	No				577-22		Bernard J.	Schatz,	Lanham,		
		PART I, DEATH WAS	inter only one CAUSED BY: MEDIATE CAU		line for (a), (b)	Oruc.	a and .	She cl	(	BETWEENONS	TE INTERVAL ET AND DEATH
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dead dead		Canditions, if any, who	hich (	(b)	(1	Tri	8-tibre	latio.	V		
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DS, 20 turns 1 turns of turns	2	PART 2 OTHER SIGNIFIC	CANT CONDI	TIONS CO	NTRIBUTING 1	TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR	CONDITION GIVE	N IN PART 110	
ECOR	CATIC	19a DATE OF OPERATION	7 19	b CONDII	TION FOR WH	ICH OPERATIO	N WAS PERFORMED	200 AUTOPSY	20b. IF YES,	WERE FINDING	S USED
A Salas	CERTIFICAT							YES NO	YES YES		NO 🗆
Day of the	1	210 ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS		B. TIME OF	A. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE C	P INJURY IN ITEM 18 PA	RT 1 OR PART 2)	
NO YSE	DICA	(IF EITHER NOTIFY MEDICALE 216 INJURY OCCURRED		e. PLACE C		19	211 LOCATION				
DIVISION METHON METHON METHON ON the burn th and Me	ME	WHILE NOT WHILE AT WORK	1.0		ET, FACTORY, OFFI	CE, FARM, ETC )	STREET	CITY	ORTOWN	COUNTY	STATE
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HOSPI FUNE MARKES DORTAL	-	224 PHYSICIAN'S NAME	(TYPE OR PRINT)	-	Ki	1,,	27e. ADDRESS 892/5	hady &	Grove Co	unt &	Reuthershy
54 5413+		URIAL, CREMATION, REM	AOVAL 23b.	DATE	12	3c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION			unday)
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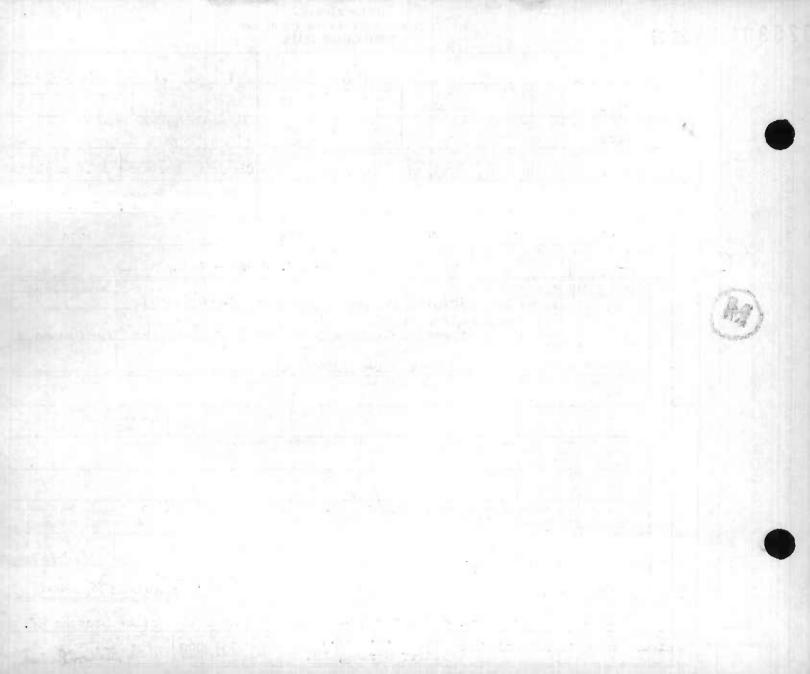
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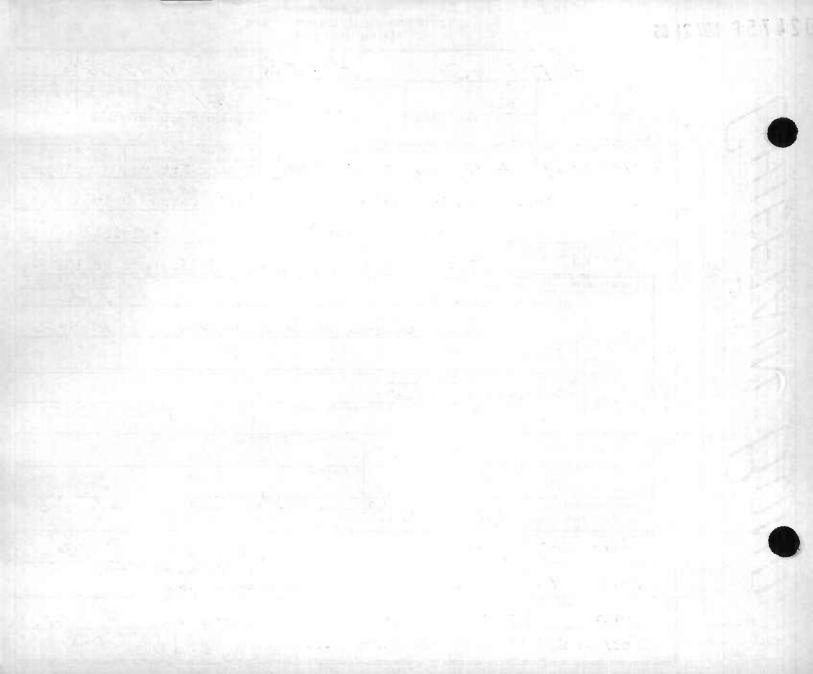




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	■255年	ž I			charge of the remains			Autopsy	, Inspectio	on de la	Inquiry 4	ond in my o	pinion		
	ME WATE	3		death resulted from:	Natural causes	Accident	, Sucio	le 🔲 , Ho	amicide	Undeter	mined monner			,	,
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	OF A SO	20		EXAMINER'S NAME		0/1	Merit			.1	1	D		208	14
	DOECU PAGE AFTER			TYPE OR PRINT)	RITWUS	0 11	THYLL	ADDRES	ss 82001	VISE	NSEW/M	1 Dit	YER	SHOVI	41
	5245A	à	230.BU	RIAL, CREMATION, REMO			IAME OF CEME	ERY OR CREM	ATORY	23d. LOC	ATION		INTY	STA	416
07/84	BP			Burial	11-26-86	St	, Mary'	s Cemet	cerv	Roc	kville,	Maryl		514	KI C
25M	DHMH - 17		24. FU	NERAL DIRECTOR RI	chard Rapp					REC'D. BY F	REGISTRAR 256 F	EGISTRAR'S	SIGNATU		
	(VR A15 ME (5	5))		1804 T Stree	t. NW. Wa	ebinata	n nc	20009	MAN	281	100 Jul	ia Durin	er no	ndall	4
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25304 NOV 25	FOR STATE REGISTRAR	DEPARTMENT OF HEA	F MARYLAND LITH AND MENTAL HYGIE ATE OF DEATH	ENE B 6 3	2 6 5 5
	I DECEASED NAME FIRST	MIDDLE LAST		20 DATE OF DEATH MONTH DA	AY YEAR 26 HOUR
4 59	WON	Ho- R	0	\$ 11 21	0 86 0957 Am
g 2.5		RACE S. DATE OF E	BIRTH 6		FUNDER LYEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN.
9 90	Male	V Korean 9	11 15	YRS.	
4 12 16	URTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY?	NEVER MARRIED	BALTIMORE CITY OR COUNTY	OF DEATH
1 1 1 1 Z	Korea	4.5. A WIDOWED		11011111	eunty mo.
1 21 47/	1.	I. NAME OF HOSPITAL, NURSING HOME OR ( (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)		120. USUAL OCCUPATION LITTE OF WORK FOR MOST OF WORKING LIFE)	126 KIND OF BUSINESS OR INDUSTRY
10 20	akoma Pk 10		PITAL	Clothing Busines:	s self employed
AND 21	130 STATE 136 COUNTY	Homery Brookeville	YES NO 1	36.STREET ADDRESS / ZIP CODE 9429 Treadway Rd	20833
WW. 4 12 1/2	Bong	Din Ro	. MOTHER'S MAIDEN NAM!	E MIDDLE	LAST
1 1 12			Bong		Soon
BALTIMORE be executed to the proof of the medico	160 WAS DECEASED EVER IN U.S. ARMI	ED FORCES? 166 SOCIAL SECURITY NO. 17 VAR OR DATES) 212-88-7303	Choon Y. Ro-	-son- (same as 1	3e)
RDS, 201 W. PRESTON ST., B equires that the standard by the standard by the standard control of the buriol, cremation control injury, or other trainment events	PART I DEATH WAS CAUSED IMMEDIATE  Conditions, if any, which gove rise to immediate couse (o), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT CO		our massive al Geeding OIVY ROSIV	2º portal lefort	APPROXIMATE INTERVAL BETWEEN ONSEL AND DEATH  OTHER TRANSPORT  N IN PART 110
in RECO	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OPERATION V	WAS PERFORMED		WERE FINDINGS USED ING CAUSES OF DEATH?
ON OF VITA  ON OF VITA  Gerificate  certificate  certific	2) 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2) 10. INJURY OCCURRED	P.M. 19	TE HOW INJURY OCCURRE	D (ENTER NATURE OF INJURY IN ITEM 18 PAS	RT   OR PART 2}
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ATTENDING CONTROL OF TOTAL AND TOTAL OF TOTAL AND TOTAL	220.1 certify that (1) (this hospital saw the deceased alive an above, (1) (wo (slid) (did	11/20/56 19 and t	that in (my) (and apinion de	eath occurred an the date and hour	9, that (1) (we) last and from the couses stated
to Deek to Dee	27k SIGNATURE		GREE ATTENDING	MEDICAL STAFF	IN DATE STONED
HOSPITA TUNETA TUNETA THE SUIT THE SUIT THE SUIT THE SUIT THE SUIT	THE PHYSICIAM'S HAME HITE OUT	11	PHYSICIAN 7	DIRECTOR PHYSICIAN	De 1
0 6 0 6 7 8	230. BURIAL, CREMATION, REMOVAL	236. DATE 234 NAME OF CEM	17610 CAYY	123d LOCATION	TK mid
BP	Burial	11-23-1986 George Wa		Adelphi Prince	e Georges Md.
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FUNERAL DIRECTOR Hines / MERinaldi Fune	11800 N H A	ve., 250 DATE	REC'D. BY REGISTRAR 256 REGISTRA	





## STATE OF MARYLAND

ı	1 - STATE			EALTH AND MENTA		REG. N	OC	32	637
ſ	DECEASED NAME FIRST	MIDDLE		LAST	2a. D/	ATE OF DEATH	MONTH	DAY YEAR	26 HOUR
L	Vivie	en F.	Ro	binson			11	10 86	0637 AN
F	3. SEX	4. RACE	5. DATE (			E (IN YEARS LAST BI	RTHDAY)	IF UNDER I YEAR	
L	Female	White	MONT	4 9	3	93	YRS.	MONTHS DAYS	HOURS MIN.
1	Massachusetts	USA		D NEVER MARRIE	0 1	Mont	gome:		MC
1	Rockville	Shady Gro	TAL, NURSING HOME ( ITY, GIVE STREET ADDRESS) VE AQUENT			SUAL OCCUPAT Housewi			of business or ne
ж	USUAL RESIDENCE (IF NURSING HOME OR 130. STATE Maryland Mont		SIDENCE BEFORE ADMISSION) ITY OR TOWN ICKVILLE	134 INSIDE CITY LIM	136.ST	REET ADDRESS 01 West	ZIP COD	enston D	r. 20852
	Charles	Bul	llard	15. MOTHER'S MAID  Cora	EN NAME	E. MIDDLE		Fros	ŧ
	(18 YES, GIVE		OCIAL SECURITY NO. 0 28 4527	Ruth May	(daught	er) 301 V	West I	ckville, Edmonst	Md.2085 conDr.
	18 CAUSE OF DEATH (Enter only PART I. DE ATH WAS CAUSED IMMEDIATED	DUE TO, OR AS A	CONSEQUENCE OF	ulmo	nou	y a	nes	APPRO) BETWEEN	KIMATE INTERVAL
١	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIB	BUTING TO DEATH BUT	NOT RELATED TO TH	E TERMINAL D	ISEASE OR COL	in Morris	WERD HUP KRY I	0
	190. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	196 CONDITION I	FOR WHICH OPERATIO	N WAS PERFORMED	20a YES	AUTOPSY?	IN CERT	S, WERE FINDI	NGS USED S OF DEATH?
	OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	NONTH DAY YEAR	21c. HOW INJURY C	OCCURRED (E	HER NATURE OF INJU	JRY IN ITEM 1B	PART 1 OR PART 2)	
١	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJ (AT HOME, STREET, FAC	URY TORY, OFFICE, FARM, ETC }	211 LOCATION STREET		CITY OR TO	NWO	COUNTY	STATE
	220 I certify that (I) (this hospition saw the deceased alive an above, (I) (well (did) (did not	1191	ledik or	19_ nd that in (my) (our) o	to pinion death o	Courred on the d	ote and ha		that (I) (we) last couses stated
	22b. SIGNATURE	Hay.	one N	DEGREE ATTEND PHYSIC	ING MED	ICAL STA	FF CIAN [	224. DATE	SIGNED 6

DHMH - 16 60M 7/B4 (VRA 15, 4)

should be detached for use as with the State Dept of Health MPORTANT: If Item 21 is

22d. PHYSICIAN

230 BURIAL, CREMATION, REMOVAL

<sup>24</sup> FUNERAL DITYSON Wheeler Funeral Home, Inc. 1331 Rockville Pike, Rockville, Md. 20852

23b DATE 11/14/86

23c. NAME OF CEMETERY OR CREMATORY
Ri verside Cemetery Norwalk, Conn.

23d LOCATION

9715 Medical Cntr. Dr. Rockville, Md. 20850

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

STATE

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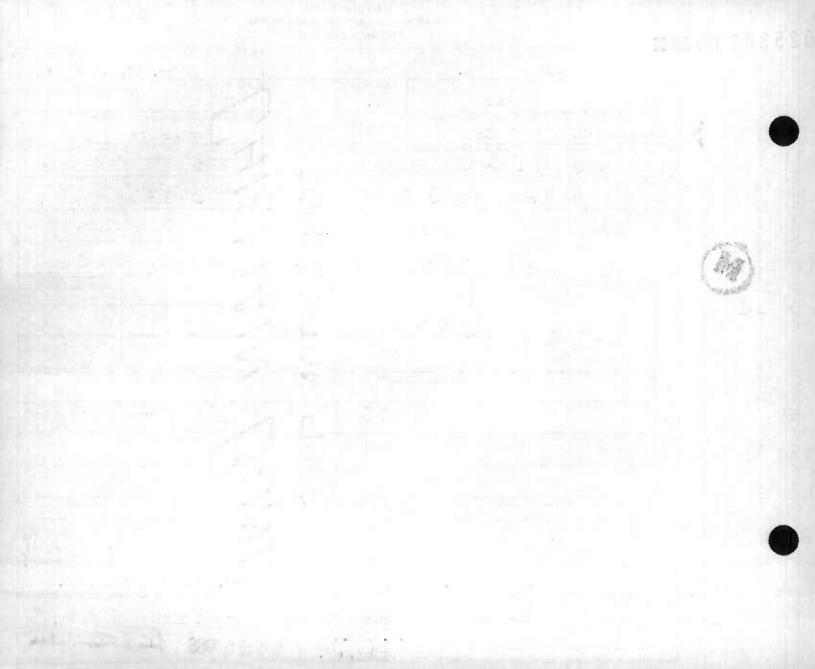
e-	-	STATE REGISTRAR				ICATE OF DEATH	REG. NO.		
noy be		CEASED NAME FIRST		wiDDIE	ROE		20 DATE OF DEATH MONTH	1 1186	26. HOUR 5:32
4 mo	3. SE	x Female	4. RACE Caucasi	0.0	5. DATE C	per 25,1973	6. AGE (IN YEAR'S LAST BIRTHDAY)	MONTHS DAYS	HOURS /
Poge direct		RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?			9. BALTIMORE CITY OR COUNTY		
deoth.	1	New York	United	States	WIDOWE		Montgomery Co		
by the function of the functio	(	Gaithersburg	11617	Flint G1	ove I	ane	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN Student	G LIFE) 12b. KIND (INDUSTRY Scho	
filled in	13a	AL RESIDENCE (IF NURSING HOME OF STATE Maryland Mont	ROTHER INSTITUTION, NTY BOMERY	GIVE RESIDENCE BEFORE 13. CITY OR TOWN Gaithers	burg	134. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CO 11617 Flint G	ode rove Lan	e/2087
ompletely ond 2	14. F.	Andris	MIDDLE	Roess		IS. MOTHER'S MAIDEN NA/ Aija		Spuri	ST
on ond co		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? VE WAR OR DATES)	216-04-6		Andris Roess	Same as	<b>#13.</b>	
res that the death cert ned by the ottending to please remove corboi varial, cremation, or re-		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OFFER SIGNIFICANT (	(b)	Prima	SSLVE NCE OF		Newroblaston Euroblastoma	11	mo mo
SICIAN; The low requing physicion. certificate has been significate has been significant. Therefore the hygiene prior to be them 18 shows ony injury.	MEDICAL CERTIFICATION	POSSIBLE 190 DATE OF OPERATION 12-18-85 210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DELETIMEN, NOTIFY MEDICAL EXAMINE	Poste  21b. TIME O HOUR A.	TION FOR WHICH TO THE POSS OF INJURY M. MONTH DAM.	c (br	N WAS PERFORMED  AU TUMOT    212 HOW INJURY OCCURR	200 AÚTOPSY? 200. IF IN CEI YES NO SE EED (ENTERNATURE OF INJURY IN ITEM	YES, WERE FINDI KTIFYING CAUSE YES [] IB. PART I OR PART 2)	INGS USED S OF DEATH NO
TENDING PHY Dirol or ottendi TOR: After this for use os she bu fi Heolth ond M 21 is morked or	MED	21d. IN JURY OCCURRED  WHILE NOT WHILE ALL WORK  22a.1 certify that (1) (this hosp sow the deceased alive on	ital) attended the	e deceased from	12-18	, 17	city or town		state that (1) (we couses state
HOSPITAL OR AT THE HOSPITAL DIRECTION OF THE CHARLES OF THE CHARLE		obove, (I) (we) (did) (did no 22b, SIGNA ORE 22d, PHYSICIAN'S NAME (1YPE C	Frances DR PRINT)	-19		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN	22c. DATE	SIGNED
retoined TO TUN Halled In Hele	23a	LEWIS C.		23c. N		EMETERY OR CREMATORY	JOHNS HOPKI	NS HOSP	AIS
BP		Burial UNERAL DIRECTOR Robert  O W. Montgomery	NT	1006 -		eek Cemetery		0001414	

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Silver Spring, Md.

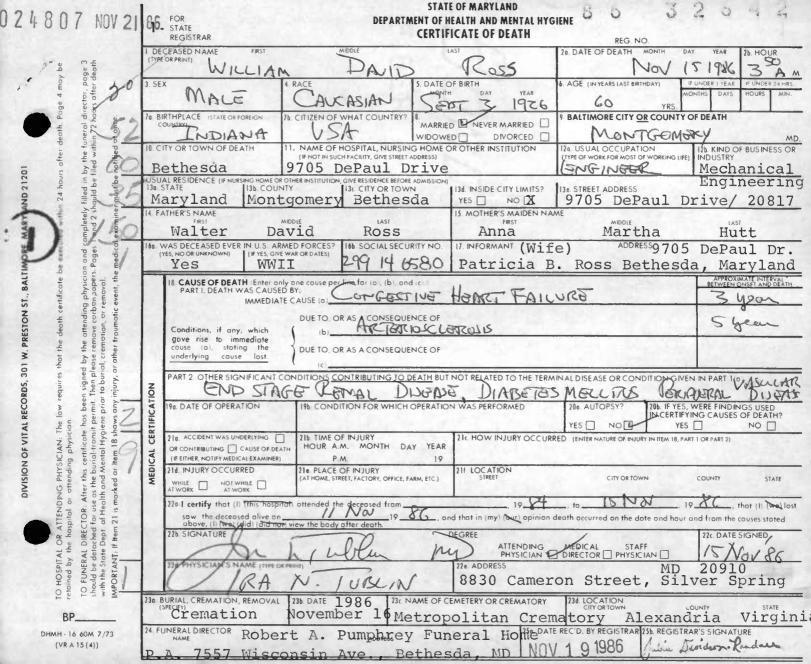
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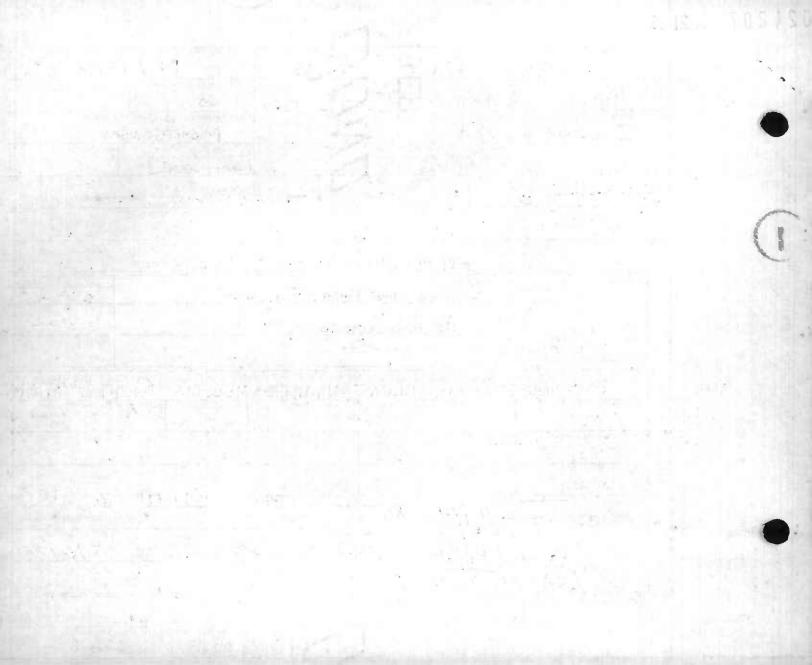
STATE OF MARYLAND



	FOR	DCD	STATE OF MARYLAND	CITAL O O	3 2 0 4 1				
0.26109 DEC	STATE STATE	DEP	ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.					
	1. DECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR				
moy be page 3 er death	(TYPE OR PRINT)  BERNA	RD	ROSNER	11	28 86 11110pm				
of of a	3. SEX	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS				
Poge 4 in director, hours office.	M	W	Oct. 29, 1893	93 YR					
Po dir	70. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	TRY? 8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COU	NTY OF DEATH				
Janeral III 72	New York	USA	WIDOWED DIVORCED	Montgomery					
by the fu	Bethesda	(IF NOT IN SUCH FACILITY, GIVE	URSING HOME OR OTHER INSTITUTION STREET ADDRESS) Hospital	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN Employee (Ret	12b. KIND OF BUSINESS OR INDUSTRY  NY City Govt.				
212	USUAL RESIDENCE (IF NURSING HOME OF 13a. STATE 13b COL	OR OTHER INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION) TOWN   13d INSIDE CITY LIMITS?	III STREET ADDRESS / 710 C	ODE				
BALTIMORE, MARYLAND 2120 cote be executed within 24 hours ysticion and completely filled in b ppers. Pages 1 and 2 shauld be fill vol. it, the medical examiner must be in	Maryland Mont			13e STREET ADDRESS / ZIP C 6111 Montrose	Road 20852				
YYL ithii it	14. FATHER'S NAME FIRST	MIDDLE LAS	15 MOTHER'S MAIDEN N	AME	LACT				
E, MARYLA cotted within completely is a completely in confidential collection in colle	Aaron	Rosne	r Dora		Spanier				
MORE, n ond or Poges 1	16a. WAS DECEASED EVER IN U.S. A	IVE WAR OR DATES!	SECURITY NO. 17 INFORMANT		Maryland 20854				
MORE e exect	(YES, NO OR UNKNOWN) (IF YES, G	051-0	7-0809A Harris H. Le	evee; 10504 Grea	t Arbor Drive				
ALT te b reison	18 CAUSE OF DEATH (Enter of	only one couse per ling for to), (I	<u> </u>		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
	PART I. DEATH WAS CAUS	ED BY: (X 1) A	dis nessi vatory	aprell	SELVICE ONSET AND BEATT				
erth pop refr	IMMEDIA	ATE CAUSE (o)							
O continuation		DUE TO, OR AS A CONS	EQUENCE OF						
eve ove	Conditions, if any, which	(b)	4) 1024 4						
01 W. PRE	gove rise to immediate cause (a), stating the								
that eose ol, c	underlying couse lost.	( (c) #W	ally my over	wellow					
gn gn bur hy,		CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TER		GIVEN IN PART 110				
ORD requ	190. DATE OF OPPRATION  210. ACCIDENT WAS UNDERLYING	e heart	of wie - Kenal	par wie					
bow re s been rimit. I prior s ony ii	M INO. DATE OF OPPRATION	196. CONDITION FOR W	HICH OPERATION WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?				
VITAL RE IC hysicion. Icote hos ronsit per Hygiene ; 18 shows	<b>∤</b> ≣ 1			YES NOX	YES NO				
VIT. 1 hysici ronsi Hyg 18 sh	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		RRED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)				
A OF VIII	OR CONTRIBUTING CAUSE OF D		19						
ON OF HYSICIA ding pl iis certif burial-t Mental ar Item	(IF EITHER NOTIFY MEDICAL EXAMIN	21e. PLACE OF INJURY	21f LOCATION						
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NN I over the of		pital) ottended the peces ed f		a, to 120 28					
Pito Pito for of h	saw the deceased alive a	iat) view the body after death.	19 3 cond that in (my) (our) apinion	n death occurred on the date and	hour and from the causes stated				
RE A A Per	22b. SIGNATURE	10. 1 / /	PEGREE		22c. DATE SIGNED				
the Detail	Jum	au my	ATTENDING"	MEDICAL STAFF DIRECTOR PHYSICIAN	11-29-86				
PITA by by Stored day	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS	Z June Tok El Tittale IAT	1				
HOS HOS THE	Autorica	GARGURE	1104 5454 111	SCONSIN AL	IE - CHEVY CHAY				
TO HOSPITAL retoined by the TO FUNERAL should be deto with the Store! IMPORTANT: IIMPORTANT: IIMPORTAN	HNIONIO				C TOTAL CANA				
	23a BURIAL, CREMATION, REMOVA		23c, NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OF TOWN	COUNTY STATE				
BP	(SPECIFBurial	12-1-1986	Judean Memorial Gar						
DHMH - 16 60M 7/84	24 FUNERAL DIRECTOR	Rock	· · · · · · · · · · · · · · · · · · ·	ATE REC'D. BY REGISTRAR 256 REC	GISTRAR'S SIGNATURE				
(VRA 15, 4)	Danzańsky-Goldbe	rg Chapels: ÎÎ	70 Rockville Pike	EC 2 1986 1.	lin Time of				

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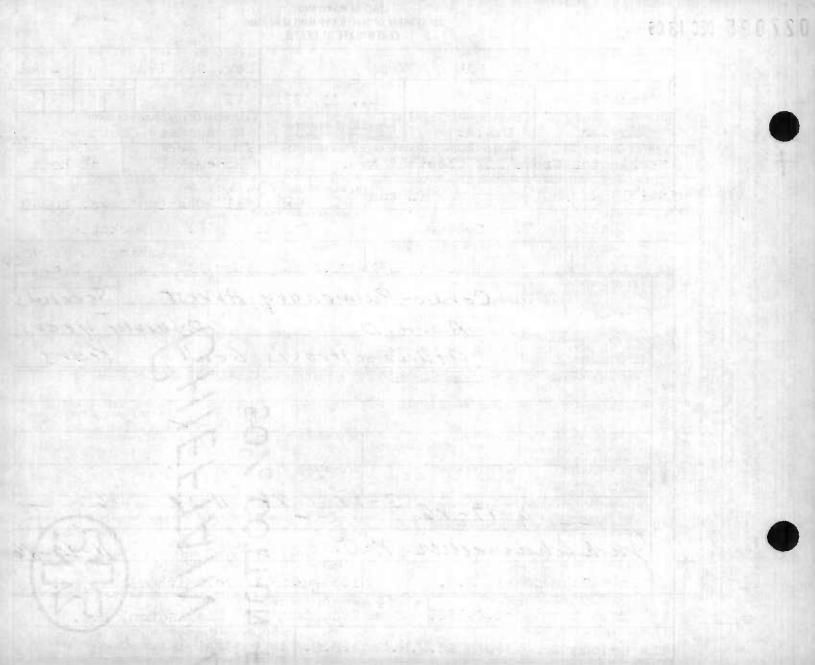




STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DEPEASED NAME MIDDLE 20 DATE OF DEATH MONTH YEAR 2b. HOUR PER CHIPDING John 5EX 4. RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH DAYS MONTHS HOURS TO BIRTHPLACE (STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Parrama MONTGOMERY WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR Atotommeyer wordener alar Conf. akoma Park. ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 13b COUNTY 13e STREET ADDRESS 2308 SEIBEL DRIVE 20904 MONT FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE ARTHUR BLSEN ALICE WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS YES, NO OR UNKNOWN (JF YES, GIVE WAR OR DATES) 267-48-6841 Arloine W. Roth APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a), DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last. 4 MUMERICA 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY IN CERTIFYING CAUSES OF DEATH? fent Gond YES T NOF 71a ACCIDENT WAS UNDERLYING 21h TIME OF INSURA 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING COSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE AT WORK 220.1 certify that (1) (this hospital) attended the deceased fram saw the deceased alive or and that in (hy) (aur) apinion death accurred an the date and hour and from the causes stated abave (1)(we) (did) (did nat) view the bady after death 226 SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 9 8 R. H. Sandstrom 23d. LOCATION 23a BURIAL CREMATION, REMOVAL 73b DATE 23 NAME OF CEMETERY OR CREMATORY STATE DHMH - 16 50M 1/76 (VR A 15 (4))

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27095 DEC 1	STATE OF MARYLA  DEPARTMENT OF HEALTH AND M  CERTIFICATE OF DE  CERTIF	SENTAL HYGIENE				
	I. DECEASED NAME FIRST MIDDLE LAST	20. DATE OF DEATH MONTH DAY YEAR 26, HOUR				
oy be age 3 death	BESSIE MAE RYNEX	Nov. 29, 1986   2 AM <sub>m</sub>				
ge 4 mol	female 4. RACE 5. DATE OF BIRTH FEB., 179,	19°11 75 IF UNDER 1 YEAR IN TUDER 24 HRS MONTHS DATS HOURS MIN.				
leoth. Po	76. BIRTHPLACE (STATE OR FOREIGN COUNTRY? & MARRIED & NEVER M WIDOWED DIV	9 BALTIMORE CITY OR COUNTY OF DEATH				
by the filled wife	Washington Grave 112 Chestnut Ave.	TUTION 120. USUAL OCCUPATION 125. KIND OF BUSINESS OR INDUSTRY HOMEMAKER 11FE) INDUSTRY at home				
AND 212 filled in rould be in	USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE REPORE ADMISSION)  136 STATE  Montgomery  137 CITY OR TOWN YES  YES	13. STREET ADDRESS  NO  112 Chestnut Ave. 20880				
MARYL, mpletely ond 2 si	1000	Carrie E. Rocketts				
In one con one	160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 160. SOCIAL SECURITY NO. 17 INFORMAN 220-09-8510 Mm. F.	ADDRESS Washington Grove rank Rynex 112 Chestnut Ave.				
s, 201 W. PRESTON ST., B.  res that the death certifical  gred by the attending phys in please remove corbon pap burial, cremation, or remova  7, or other traumotic event,	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED.	Probably years  osis, Gen'l Years				
Iow requirements of the seconds of the seconds of the seconds of the second of the sec	196 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFOR					
NG PHYSICIAN: The ottending physicion ter this certificate has the buriol-tronsit ph and Mental Hygien priced or them 18 Mental Physical priced or them 18 Mental Physical priced or them 18 Mental Physical Physi	210. ACCIDENT WAS UNDERLYING	URY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART 1 OR PART 2)				
DIVISIG PH offer the bos the b th and d	WHILE NOT WHILE AT WORK AT WORK STREET, FACTORY, OFFICE, FARM, ETC.)	CITY OR TOWN COUNTY STATE				
ATTENDI spirol or CTOR: A J'for use . of Heali	abave, (1) (we) (allow (did hat) view the bady after death.	. 19 . to				
SPITAL OR A Legal DIRE be detached Siore Dept	21. SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN   1/-24.  220. DATE SIGNE  1/-24.					
TO HOSPITA retoined by TO FUNERA should be de with the Stat		ussell Ave.Gaithersburg,Md.				
BP	230. BURIAL, CREMATION, REMOVAL 23b. DATE Dec. 4, 1986 Lee Cremation					
DHMH - 16 50M 4/82 (VRA 15, 4)	The Hysong Co. 1300 N St.N.W.Wash.D.C.	250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE				

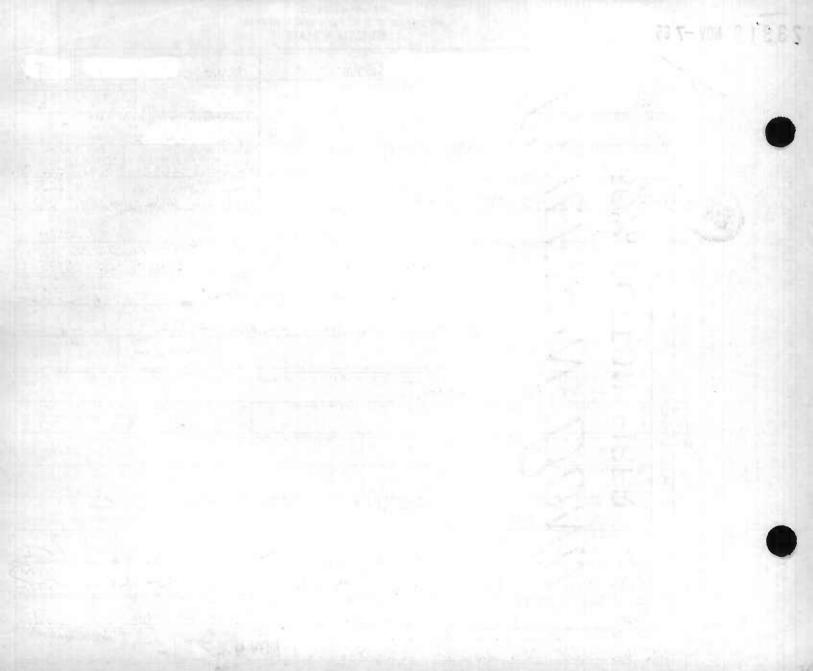


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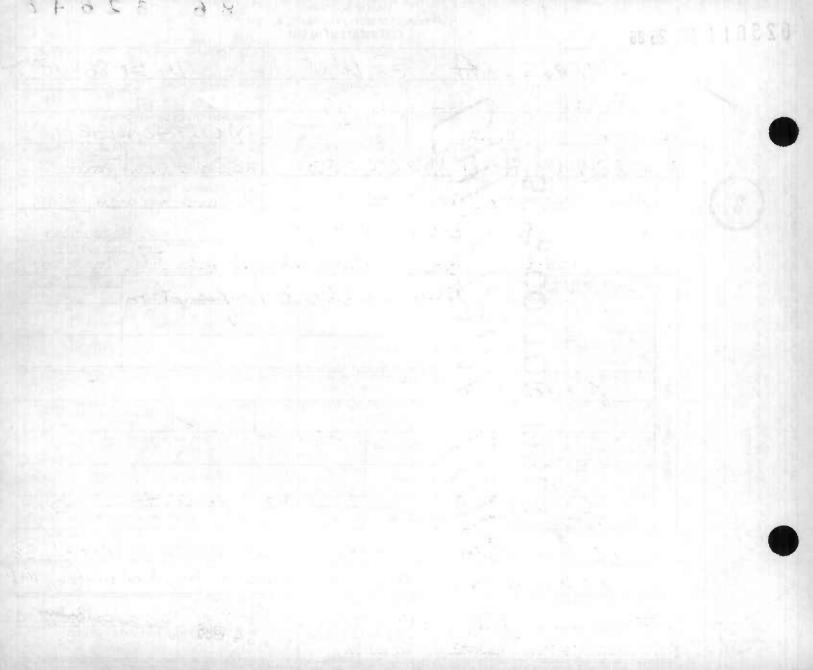
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

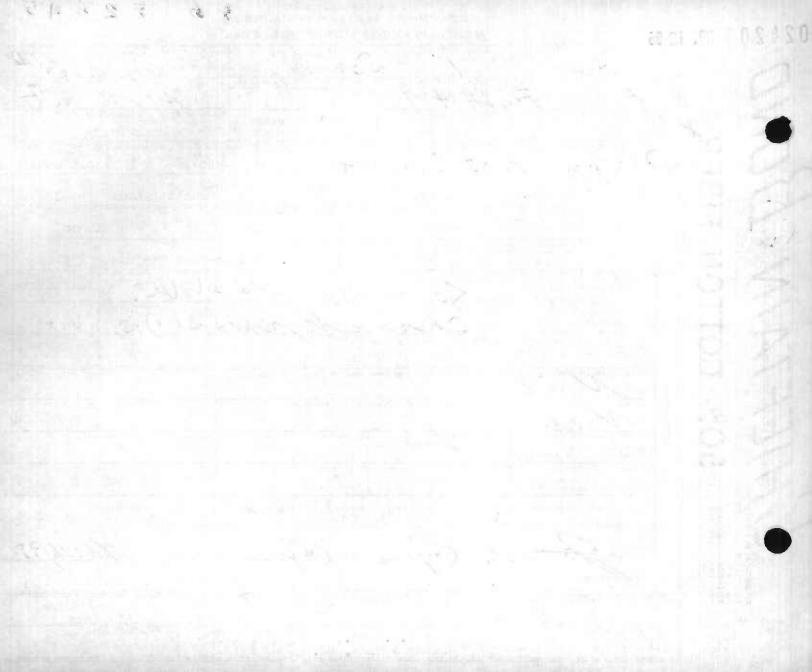
00	REGISTRAR				CERTIF	ICATE OF DEATH		REG. N	0			
	ECEASED NAME	FIRST		MIDDLE	-	A5T	20. DATE		MONTH	DAY YEAR	26 HOUR	
1"	PE OR PRINT)	Marvi	in	L.	Sal	now	Nov	ember	1. 1	986	4:30A.	
3. S	EX		4 RACE		S. DATE C			YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 HRS	
	Male.	1	Caucasi	ian	Octo	ber 1. 1901	85	;	YRS.	MONTHS DAYS	HOURS MIN.	
7a. l	SIRTHPLACE (STATE OF	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9. BAITIAA	ORE CITY O		Y OF DEATH		
10	irainia		U.S.A		WIDOWE			Monte	gomen.	.u	M	
10.0	TITY OR TOWN OF DE	HTP			G HOME	OR OTHER INSTITUTION	12a USUA	LOCCUPATI	ON	12b. KIND C	F BUSINESS OR	
B	ethesda	15/25	Subw	Lban Hosp	ital			ork for most o			Sci. Co	
	JAL RESIDENCE (IF NURS	13h COUN		GIVE RESIDENCE BEFORE		113d. INSIDE CITY LIMITS?		ADDRESS			20814	
M	aryland	Mont	gomery	Bethesdo	l	YES NO	4521	East	Vest.	Highway	#1007	
14. F	ATHER'S NAME		WIDDLE	1161	1500	15. MOTHER'S MAIDEN NA	AME					
10	Robert		MIDDLE	Sahnow		Catherin	ie	MIDDLE		Ro	owseu	
	WAS DECEASED EVER			166. SOCIAL SECU	RITY NO.	17. INFORMANT	iend	3309DRE	Bero	n Stree		
	(YES NO OR UNKNOWN)	(IF YES, GIVI	WAR OR DATES)	577-05-0	7541	Pat Gallaghe	r	Kensin			20795	
	18 CAUSE OF DEAT	H (Enter an	y ane cause per	line far (a), (b), and	d (c).)						IMATE INTERVAL ONSET AND DEATH	
	18 CAUSE OF DEAT PART I. DEATH W		BY: E CAUSE (a)/	Coreto	0-17/	enda Az	will	t		4	le so	
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	Conditions, if any	bish	DUE TO, O	R AS A CONSEQUE	NCE OF	tic Con	· Onar	ear. I	4	11		
	gove rise to imi	mediate	(b)_	arien	-300	mile Cox	100				1	
	cause (a), statu underlying cause		DUE TO, O	R AS A CONSEQUE	NCE OF			Dis	can	-		
	D. D. C. C. VI. C. C. C.		( (c)									
Z	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110											
CERTIFICATION	190 DATE OF OPERA	19b COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? 20b IF YES, WERE FINDINGS US			VGS LISED			
임							IN CERTIFYING			IFYING CAUSES	G CAUSES OF DEATH?	
ER	21a. ACCIDENT WAS UN	DERLYING [	21b. TIME C	F IN ILIRY		21c. HOW INJURY OCCU	YES _	NO DO		/ES _	NO 🗌	
	OR CONTRIBUTING			M. MONTH DA	YEAR	THE NOW INSORT OCCOR	KKED (ENIEKI	VALUE OF INJUI	RT IN HEM IS.	PART TORPARTZ		
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	AT WORK AT WO	RK			01					-		
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	17h SIGNATURE		. 0			DEGREE		211		22c. DATE	SIGNED	
	Erhand Dellen N					ATTENDING PHYSICIAN	MEDICA DIRECTO	R PHYSIC		11/-	1/87	
	22d. PHYSICIAN'S N.	AME (TYPE O	PRINTS			22e ADDRESS				1-	m	
	RICHAR	DH	follo	ed m	C	10400 671	20,71	ut t	m	Kens,	~ 675	
23a.	BURIAL, CREMATION,	REMOVAL	23b. DATE	23c. N	NAME OF C	EMETERY OR CREMATORY	23d. LO	CATION		7.11.7701		
	Burial		Nov. 5	. 86	edan	Hill Cemeter	CI	TY OR TOWN	Prin	ce Georg	TOS Med	
24	FUNERAL DIRECTOR	Franc		ollins, J						STRAR'S SIGNAT		
	00 Universa					6.17	0V 6	1300	Julia	C POSTURE &		
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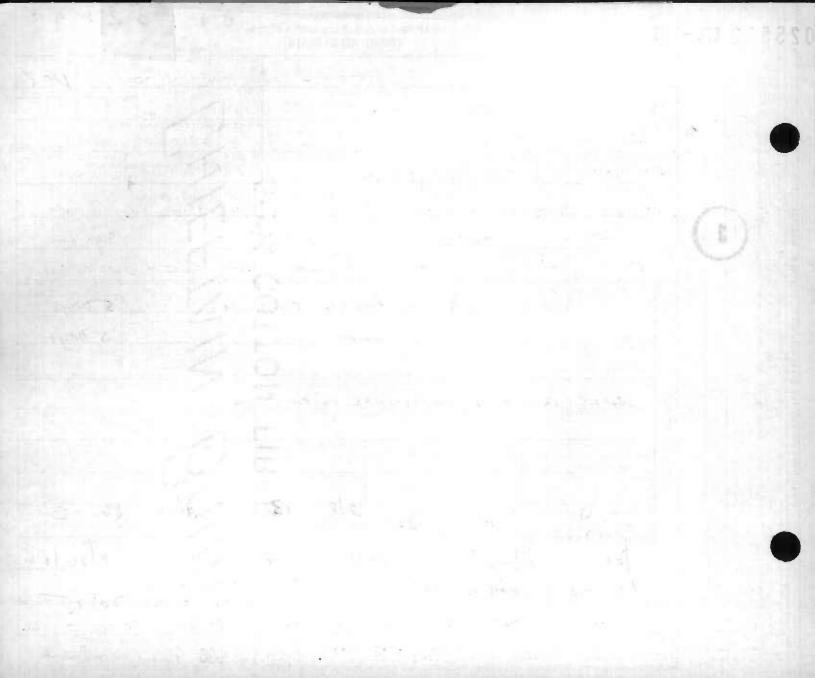


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	r, page.	State of	3. SEX	10	4. RACE		5. DATE OF	BIRTH YEAR.	6. AGE (IN YEAR	S LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS* HOURS MIN.
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BALTIMORE, MARYLAND 2120	(2)	85	13a. S		or other lands	IN RESIDENCE BEFORE  131. CITY OR TOW    Silver S	N 11	3d. INSIDE CITY LIMITS?		oress / zip co	Drive (2	20901)
RYLA	(學)	Er.	14 FA	THER'S NAME FIRST	WIDDLE	LAST	1	5. MOTHER'S MAIDEN NA	ME	VIDDIÉ	LAST	
MA	1 60/	00	)	Samuel	Α.	Salin		Bessie			Messer	
ORE	e execu	medica	18	AS DECEASED EVER IN U.S.	GIVE WAR OR DATES)	? 166. SOCIAL SECU		7. INFORMANT	- 700 D		yland 209	
LTIM	e be	he m	Υe		11	1578-30-2		Jeanne Salin	S; / U8 BL	ickingna		AATE INTERVAL NSET AND DEATH
- 1	ficot physic poape novol	/ent, t		18 CAUSE OF DEATH (Enter PART I, DEATH WAS CAU	SED BY: IATE CAUSE (0)_	Ner line for (a), (b), an	o ca	lial	inla	entre	BETWEEN OF	NSET AND DEATH
TS NO	h cert ding arban or rei	atic e		IMMED		OR AS A CONSEQUI	ENCE OF		1			
ESTO	deat often ottan,	froum	4	Conditions, if any, which	(b)_							
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tDS, 201	equires to signed Then ple to burio	njury, or	NO	PART 2. OTHER SIGNIFICAN	Company of the Compan	CONTRIBUTING TO	DEATH BUT N	OT RELATED TO THE TERM	AINAL DISEASE C	OR CONDITION (	GIVEN IN PART 110	
CO	beer mit.	ony	CERTIFICATION	190. DATE OF OPERATION	19b. CON	DITION FOR WHICH	OPERATION	WAS PERFORMED	200 AUTOPS	20b. IF Y	YES, WERE FINDING	GS USED
AL R	The Lidin.		RTIF		-			M. C.		101	YES 🗌	NO 🗆
OF VIT	StCIAN: ng physic certificat rrial-trans	Hem 18		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIF EITHER, NOTIFY MEDICAL EXAM	DEATH HOUR	OF INJURY A.M. MONTH D P.M.	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTERNATUR	RE OF INJURY IN ITEM I	8 PART   OR PART 2)	
DIVISION OF VITAL RECORDS,	G PHYSICI attending p er this cert s the burial	marked of Ih	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLAC	E OF INJURY STREET, FACTORY, OFFICE, I		PIF. LOCATION STREET		CITY OR TOWN	COUNTY	STATE
۵	VDIN Lor Use a	s ma		22a.1 certify that (1) this ha				. 19-82	10 Pr.	esent		hor (I) (we) lost
	ATTE Sspirto SCTO d for	n 21	1	saw the deceased alive obove (I) we) (did) (did	not) view the box	dy ofter death.		that in (my) (our) opinion	death occurred o	on the date and h		
	OR All DIREC Oched Dept.	If her		276. SIGNATURE	13	01 41 11	[AA	ATTENDING	MEDICAL	STAFF	22c. DATE S	J-1 0/
	HOSPITAL Ined by 11 FUNERAL Uld be det	AN-		22d. PHYSICIAN'S NAME (TY	PE OR PRINT)	w v	-	PHYSICIAN &	DIRECTOR	PHYSICIAN _	1000	, 00
	TO HOSPITAL retained by the TO FUNERAL should be detained by the State	MPORT	,	John	n Ba	erv, c	u)	10500 Sus	unit 1	Ave, K	ensingto	on, and
		-	- 1	URIAL, CREMATION, REMOV				METERY OR CREMATORY	23d LOCATION	IOWN	COUNTY Q	-darket 1
	BP	-		Surial INERAL DIRECTOR DANZA	11/20 NSKY-COL	DRERC MEM	idean M	emorial Gard	ens;Ulne	DIRAR 256 REG	ISTRAR'S SIGNATU	aryrand DRE
	DHMH - 16 60N . (VRA 15, 4			70 Rockville F				52 NO	124 130	3	3.0	

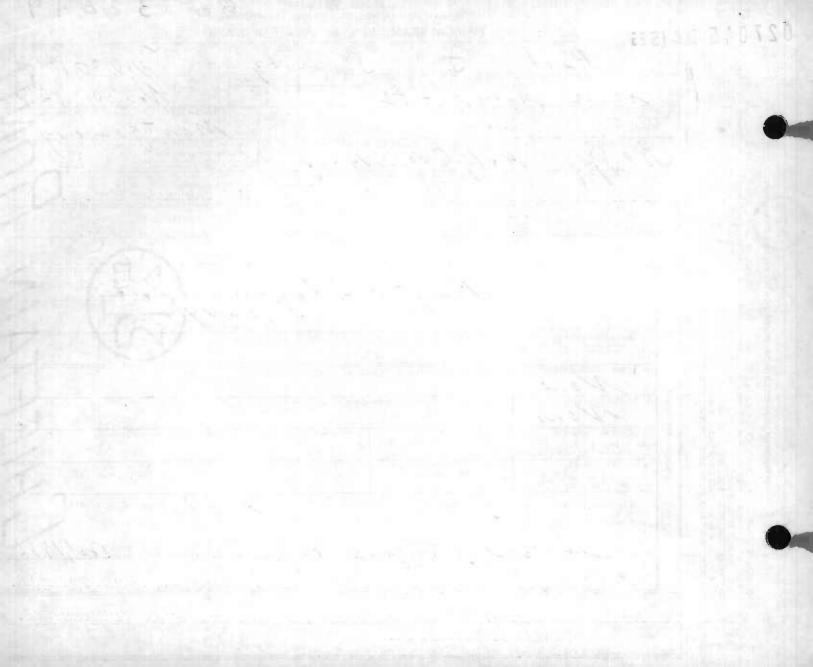


STATE OF MARYLAND REG. NO DECEASED NAME 20. DATE KNOWN DOMONTH Aurea Sanchez (TYPE OR PRINT) OF ESTI-DEATH MATED 6 AGE (IN YEARS DATE PRONOUNCED 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED hilippines Philippines DIVORCED Montgomery WIDOWED CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE)
Housewife OR INDUSTRY own home 136 COUNTY ilver Spring 13d INSIDE CITY LIMITS? 13e SIREET ADDRESS 1205 Crockett Lane Maryland Montgomery 20904 YESX 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Vicente Rocello Rocello Mercedes Pacheco 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 7. INFORMANT ADDRESS N/A OR UNKNOWN N/A Juan V. Sanchez-husband-(same as 13e) 18 CAUSE OF DEATH (Enter only one cause per line for (p), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E 3 SHOULD BE U 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY LAT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN WHILE AT WORK COUNTY 220. I certify that I took charge of the remains described above, held on Autopsy and in my opinian PAGE 4 SHOULD BE TO FUNERAL DIRECTORY AFTER DEATH, WITH THE BALTIMORE, MARYLA death resulted from Homicide Undetermined monner TITLE (SPECIFY) ACTUAL SIGNATURE MEDICAL EXAMINER John S. Rogers, DME 1919 Seminary Road, Silver Spring, Md 230 BURIAL, CREMATION, REMOVAL 236 DATE 236 LOCATION 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE Remova 1 11-20-1986 Manila 07/84 BP Philippines 25M 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DDRESS 11800 N.H. Ave., **DHMH - 17** Hines / Rinaldi Funeral Home Silver Spring, Md. lie Dender Fan (VR A15 ME (5))





STATE OF MARYLAND - STATE DECEASED NAME REG. NO 20. DATE KNOWN MONTH (TYPE OR PRINT) OF ESTI-DEATH MATED 4. RACE S. DATE OF BIRTH 6 AGE (IN YEARS DATE LAST BIRTHDAY) PRONOUNCED MARRIED NEVER MARRIED Wisconsin U.S.A. DIVORCED ID. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TOP OF WORK 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY Patent Attorney Law NUMBING HOME OR OTHER INSTITUTION SIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 1121 University Blvd. W. 20902 Marulano Montgomery Silver Spring YES [ NO [ 15. MOTHER'S MAIDEN NAME Paul Fou Schmitz N. Mary 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 7 INFORMANT ADDRESS (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 185-01-6432 Adelaide V. Schmitz wife same as 18. CAUSE OF DEATH (Enter only one cause per line fon(o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PARTIDEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E 3 SHOULD BE US DEPARTMENT OF 11 PRIOR TO BORIV 8 nu YES [] 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M. 214 INJURY OCCURRED 21e PLACE OF INJURY (ATHOME, 211. LOCATION NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE WHILE COUNTY AT WORK AT WORK 22a I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinian PAGE 4 SHOULE TO FUNERAL DIRECTO AFTER DEATH, WITH THE RALLIMORE, MARYLAI death resulted fram: Accident Suicide Natural causes Hamicide Undetermined monner TITLE (SPECIFY) SIGNATURE MEDICAL EXAMINER 1919 Seminary Rd., Silver Spring, Md (TYPE OR PRINT) Ragers ADDRESS\_ 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY SPE CIFY) Gate of Heaven Cemetery Silver Spring Montgomery Md. 07/B4 BP Runial 25M BY REGISTRAR 256, REGISTRAR'S SIGNATURE Francis J. AD Collins. Jr. DHMH - 17 ha descar (VR A15 ME (5)) University Blvd. West, Silver Spring, Md



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		CEASED NAME FIRST	AID	DOLE	(AS	Τ	26. DATE OF DEATH	MONTH DAY		26. HOUR
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72 hou	2 70. 8	SIRTHPLACE (STATE OR FOREIGN COUNTBY) Ohio	U.S.A.		MARRIED WIDOWED	NEVER MARRIED	Montgo		DEATH	MD.
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and Single	13a	AL RESIDENCE (# NUSSING HOME OF STATE 136 COU	NTY 1	Je CITY OR TOW	Chase		13. STREET ADDRESS 5209 Lawn	Way	208	paper 15
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nd co			RMED FORCES? VE WAS OS DATES)  II	334-01-7		Janet P. Sch	ADDRE		-	
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iene prior to burial, s shows any injury, o	CERTIFICATION	PART 2 OTHER SIGNIFICANT		NTRIBUTING TO E				DITION GIVEN  201. IF YES, W IN CERTIFYIN YES	VERE FINDING	GS USED OF DEATH?
transit Item 18		210. ACCIDENT WAS UNDEBLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M.	MONTH DA	YEAR	214 HOW INJURY OCCURR	ED LENTER NATURE OF INJU	LY IN ITEM 18, PART I	I OS PART 2)	
h and Mer narked or	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	216 PLACE OF LAT HOME, STREE	F INJURY T, FACTORY, OFFICE, F.	ABM, ETC.)	211 LOCATION STREET	CITY OR TOV	/N	COUNTY	STATE
should be detached for use as with the State Dept. of Healt IMPDRTANT: If Item 21 is r		220. I certify that (I) (this haspessow the deceased alive a above, (I) (we) (did) (did not alive).  220. SIGNATURE  221. PHYSICIAN'S NAME (TYPE)  Thomas C. Ha	of view the body of CHAVE	19 & Oly	O, and	that in (my) (our) apinion of GREE  ATTENDING PHYSICIAN TO ADDRESS  4201 Cathedr	MEDICAL STAI	erte and haur an	22c. DATE S	MGNED /
Design Mart		BURIAL, CREMATION, REMOVA (SPECETY) Burial	123h DATE	/86   <sup>23</sup> c N	Rock C	METERY OR CREMATORY reek Cem.	234 LOCATION CITY ON TOWN Wash. ]		UNTY	STATE
DHMH-16 25M VRA 15, 4) 1/79	24.1	UNERAL DIRECTOR JOSE		s Sons,	Inc,	25s. DATE	REC'D. BY REGISTRAR	256. REGISTRAR	R'S SIGNATUI	***************************************

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			REGISTRAR		WED	ICAL EXAMIN	ER'S C	ERTIFICATE		REG. NO.	
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	STEERS	3 SE)	4. RAC		ATE OF BIRTH	YEAR LAST BIRTHD		DER TYR. IF UNDER	MIN PRONOUN	MONT	H DAY YEAR 74 HOUR
	ON SOUR				10 24	10 76 YF			DEAD		201086 813A
	ESSARY, PLEAS ERAL DIRECTOR R. YOUR FILES THIN 72 HOUR RESTON STREET	7a. BI	RTHPLACE (STATE OR REIGN COUNTRY)	76. (	TIZEN OF WH	AT COUNTRY?	8 MARR	ED NEVER MARE	IED 9 BALTIM	ORE CITY OR COU	INTY OF DEATH
	NEGESSARY, PLEASE FUNERAL DIRECTOR 5 FOR YOUR FILES WITHIN 72 HOURS WESTON STREET		New York				ntaom	ery MD.			
-43	AY IS AGE FILED	10 9	Y OR TOWN OF DE	ATH 11.1		ITAL, NURSING HOME	, OR OTH	ER INSTITUTION	12a USUAL OCCU	ATION TYPE OF WOR	OR INDUSTRY
	DELAY IS TO THE F N PAGE BE FILED DS 200		bethesa	a 12	Subur	nan Ho	SOHO	24	Salesman	1	Steel
5		13a. S		IRSING HOME OR OTH	ER INSTITUTION, GIVE	RESIDENCE BEFORE ADMISSE	ON	134 INSIDE CITY LIMITS?	13e STREET ADDRE	<<	
21201	A PERSONS		Md.	Montgo	mery	Chevy Cha	se	YES NO		Inderwood	St. 20815
9	- 25 S 3 S	14. F/	THER'S NAME	MID	DIE	LAST		15. MOTHER'S MAID	ENNAME	IDDLE	LAST
, w	ESTATE OF	C	harles	Joseph		Scott		Alice	F.		reeman
Ŏ.	2 2 7	16a. V	VAS DECEASED EVER	IN U.S. ARMED I		166. SOCIAL SECURIT	NO.	17. INFORMANT	DATE BIF	ADDRESS	
BALTIMORE, MD.		1,	No	(IF YES, GIVE WAR O	M DAIES!	067-01-746	6	Mrs. Eth	el W. Scot	t - Same	as #13
	C C C C C C C C C C C C C C C C C C C		18 CAUSE OF DEAT	TH (Enter only one	couse per line f	or (o), (b), and (c),)		1			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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OT:	ALO T PE		19972 215	(		S A CONSEQUENCE	OF 1				
	N SEA		Conditions, if		(b)						
*	ON THE WILL		couse (a) stating	g the <u>under-</u>	1 - / 0	S A CONSEQUENCE	OF.				4000-00-00
201	N A A A A A A A A A A A A A A A A A A A	1.5	lying couse lost.		(c)						
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RECORDS	D BE EXECTIONS AS A BUCAL AS A BUCAL CREMAT	Z									
		CERTIFICATION	190. DATE OF OPER	ATION	196 CONDITI	ON FOR WHICH OPER	ATION W	AS PERFORMED?			20 AUTOPSY?
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DIVISION OF	IIS CERTIFICATE SH WRITING THE WOR ARDED TO THE CO. CG. 3 SHOULD BE U. TE DEPARTMENT CO. 201 PROR TO BUR		UNDERLYING CONTRIBUTING			MONTH DAY YEAR					
JSI OISI	ERTIFIC ING THE BD TO PROPERTY	MEDICAL	214 INJURY OCCUR		21e PLACE O	FINJURY (AT HOME,		CATION			
20	THIS CHARTED WARDE PAGE 3	1	AT WORK AT V	WHILE	STREET, FACTO	RY, FARM, ETC.)	1	TREET	CITY OR TO	WN	COUNTY STATE
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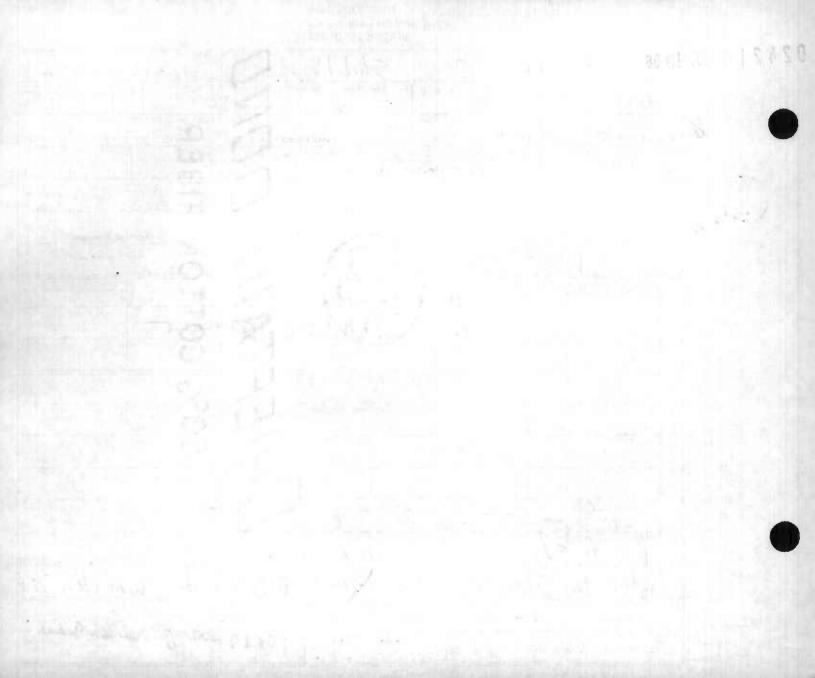
			STATE OF MARYLAND	8 9	
24526 NOV	19- STATE	DEPAR	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		
	REGISTRAR	KY MIDDLE	LAST	REG. NO.  2a. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
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1 1 K	1. SEX	4. RACE	S. DATE OF BIRTH  MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
B # 10	MALE	WHITE	06 09 99	87 YRS	
a spy	Ta. BIRTHPLACE (STATE OR FOREK	76. CITIZEN OF WHAT COUNTR	Y? 8. MARRIED X NEVER MARRIED	9 BALTIMORE CITY OR COUN	TY OF DEATH
1 12 /8/	SWITZERLAND	U.S.A.	WIDOWED DIVORCED		S MD.
1 11 11	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	SING HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS OR
the the	CHEVERLY	PRINCE GEORGE	S GENERAL HOSPITAL	PHYSICIST .	PHYSICS
2 52 0	USUAL RESIDENCE (IF NURSING H	OME OR OTHER INSTITUTION, GIVE RESIDENCE BEF	ORE ADMISSION)  OWN 1136 INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CO	DE
2 335D	100	P.G.C. RIVERI			NG DR. 20737
1 12/1/2	14 FATHER'S NAME		15. MOTHER'S MAIDEN N	AME	
19/6/	ETIENNE	SECRETAL SECRETAL	MATHILD:	MIDDLE	MARTIN
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1	(YES, NO OR UNKNOWN) (IF	YES, GIVE WAR OR DATES)	796) D HEDWINE	CECDEMAN /CAM	TO TOTAL AND
( N )	NO	272-07-		SECRETAIN (SAN	E AS ITEM #13)  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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1 246	Conditions, if any, wh		recentary by	coed and	- Chreeks
a post	gave rise to immedicause (a), stating	ate	intercore cores	le cerció.	1
1		ast.	TOPINCE OF CO.		
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all and a col		ANT CONDITIONS CONTRIBUTING	2100	or dese	- Q
F 5 5 5	E	yperenewe	CH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED
1 4 6 6 9	190 DATE OF OPERATION	176. CONDITION FOR WAI	CH OPERATION WAS PERFORMED	IN CER	TIFYING CAUSES OF DEATH?
21 4216	27	J		YES NOX	YES NO
NG PHYSICIAN. The law requirementing physician.  Has this certificate has been up as the build-fromt permit. The thind Mental Hygeric prior to drived or free Tables any more drived or free Tables.	21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	I MANUEL A ALL MODERNIA		JRRED (ENTER NATURE OF INJURY IN ITEM 1	8 PART I OR PART 2)
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Man and and and and and and and and and a	(IF EITHER, NOTIFY MEDICAL E	21e. PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE
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X7 8 5 2 2	for the deck agent	See 01 / 1/ 1/	And that in (my) (aur) apinia	an death occurred an the date and h	naur and fram the causes stated
F 1 1 2 2 4	State, Ill in ididy	lid not) view the body after death.	7		
St. St. of a	271451GA4487		DEGREE ATTENDING	MEDICAL STAFF	IN DATE SIGNED
## ### .	h		PHYSICIAN.	DIRECTOR   PHYSICIAN	11/14 86
5-33527	228 PHYSICIANS NAME	(ITM OR PRINT)	22e ADDRESS	1 210	00 /0/2010
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5 5 5 £ 1 \$ 1	23a. BURIAL, CREMATION, REA	1100000	31. NAME OF CEMETERY OR CREMATORY	23d LOCATION	120 207
	(SPECIFY)			CITY OR TOWN	COUNTY STATE
ВР	CREMATION	11-13-1986	CHAMBERS CREMATOR	Y RIVERDALE, ATE REC'D. BY REGISTRAR 256. REG	P.G.C. Md.
DHMH - 16 60M 7/84	24. FUNERAL DIRECTOR	ADDRES	s Alf	OV 1 7 1300	Divideon Rondale
(VRA 15, 4)	W. W. CHAMBE	RS CO. RIVERI	DALE, Md. 20737	OAT LIST	Daniel V. Veneral

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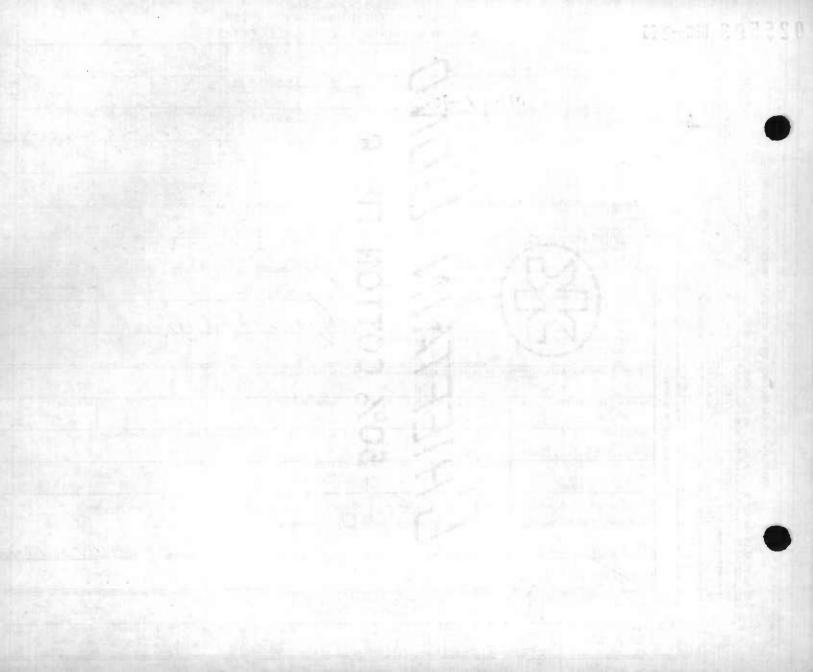
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	by be	dooth dooth	F	{TYPE	CEASED NAME GRAN	ville	c. She		20. DATE OF DEATH MOR	1986 2 fm
	age 4 mc	Fector, p	7.4	3. SE)	Male STATE OF FOREIGN	7b. CITIZEN OF	WHAT COUNTRY? 8.	OF BIRTH	6 AGE INVEARS LAST BIRTHDA	MONTHS DAYS HOURS MIN.
U	dearh. 3	The N	3		irginia	11. NAME OF	MARR WIDOV		Montgom	ery MD.
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. MARY	(	1)	50	)	Clifford	MIDDLE	Shenk	Nina	MIDDLE	Heiston
TIMORE	p e e	on o			AS DECEASED EVER IN U.S. ES, NO OR UNKNOWN) YES  YES	V.W. TI	166 SOCIAL SECURITY NO. 578-22-2429	Margaret B.		same as #13
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201 W. PRESTON	is that the death ce	ed by the attending please remove carb irial, cremation, or i	or other troumone		Conditions, if any, which gave rise to immediate couse (a), stofing the underlying couse (b)	DUE TO, O	PAS A CONSEQUENCE OF		r of falat	
AL RECORDS,	he low require	has been sign t permit. Then iene prior to bu	2	CERTIFICATION	190 DATE OF OPERATION		OTTION FOR WHICH OPERATI		20e AUTOPSY? 20	ID IF YES, WERE FINDINGS USED  N CERTIFYING CAUSES OF DEATH?  YES \( \begin{array}{c} \text{NO} \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
DIVISION OF VIT.	SICIAN: 1	s certificate burial-transit Mental Hygie	7	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A	.M. MONTH DAY YEAR .M. 19	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN	ITEM IS PART I OR PART 2)
DIVISIO	ING PHY		orked of	MED	WHILE NOT WHILE AT WORK	(AT HOME ST	OF INJURY REET, FACTORY, OFFICE, FARM ETC	ZII. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	R ATTEND	d for use	1 2 7 1		220.1 certify that (1) (this his saw the deceased along bove (1) (we) (did) (fin				n death accurred on the date	nnd hour and from the causes stated
J	ITAL OR	e detache State Dep	42		22b. BNATURE B1	Therer		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN	11/19/86
	O HOSP	should be det	A L		eter 5	Shere	r mg		rrara Dr.	Wheaton and
	BP.			B	urial, cremation, remov specify wual	Nov. 2	24, 86 Md. Vet		y Cheltenham	Prince George & Md.
		16 50M 4/I A 15, 4)	83		NERAL DIRECTORANCIS  O University		ins, Ir. st. Silver Spr	Andrea - I I I I I I I I I I I I I I I I I I	NOV 25 1300	REGISTRAR'S SIGNATURE
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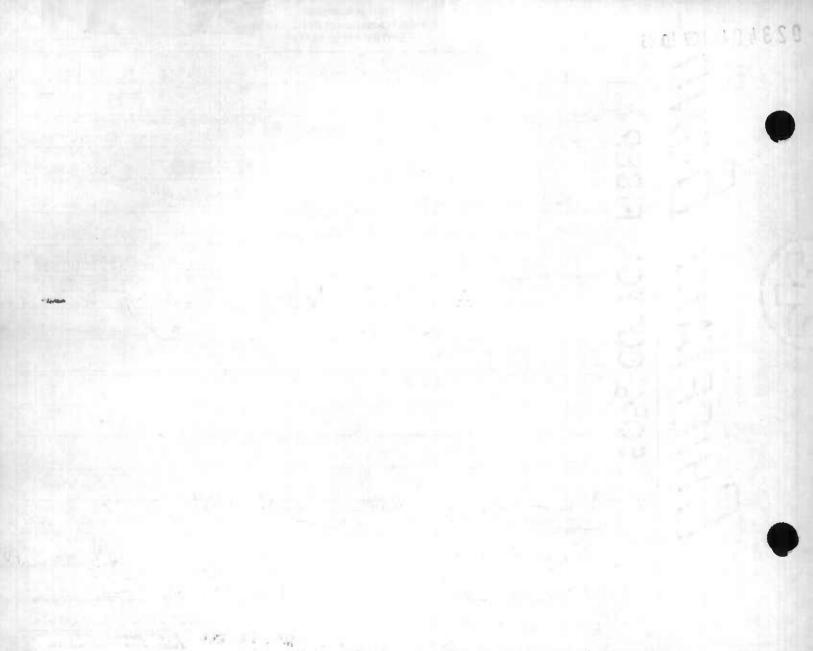
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ge 4 mc ector. p	_	MALE		4. RACE White	S. DATE	OF BIRTH  -OZ-	YEAR OLD	6 AGE (IN YEARS LAST BIRTHDAY) YRS	MONTHS DAYS	IF UNDER 24 HRS
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Page Transfer	160	Oudie was deceased ever V/A° OR UNKNOWN)		Shi MED FORCES? 166 SOCIA	blie L SECURITY NO. 0-8609	Zaresa Ze 17 INFORMANT Oudie S	rifeh	1 <b>1986</b> F1	kizkalla ack St.	h Shad
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he law requent.  The law requence to the perior to the prior to the perior to the peri	CERTIFICATION	19a DATE OF OPERAT	ION	196 CONDITION FOR	WHICH OPERATIO	ON WAS PERFORM	ED	IN CERT	ES, WERE FINDING CAUSES	NGS USED OF DEATH?
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BP		SURIAL, CREMATION, F	REMOVAL	11-19-1986	Gate o	EMETERY OR CREATE Heaven	MATORY	Silver Spring		ery Md
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		1	FOR		DE	STATE PARTMENT OF HE	OF MARY		VOIENE O 3	20	3 /
025	593 DEC	13-	STATE BUSISTRAR		MEDI		R'S CERT		F DEATH REG. NO.		
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	SES SES		22a I certify that	I took charge of th	e remains describ	ed obove, held an	Autapsy	. Inspection	Inquiry , ond	in my opinion	
	EXAMINER CERTIFICAT ULD BE FOR DIRECTOR: , WITH THE MARYLAND		death resulted from	: Naturol cau	Ser A	Suicio		lomicide	Undetermined monner,		
	EXA ECERI DULD DULD H, WIT MAR,		ACTUAL SIGNATURE	20	10	Car	TIT	LE (SPECIFY)		DATE	125195
	SEAT SEAT					7	2000	A.	MEDICAL EXAMINER	SIGNED OF	201100
	TO MEDICAL EXAMINER EXECUTE THE CERTIFICAT PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR AFTER DEATH, WITH THE BALTIMORE, MARYLAND		TYPE OF PRINT)	Dr.Jo	hn S.	Rogers	ADDRE	ss 191	9 Seminary Rd	I.S.S.M	Md.
	5X45A4	23a.B	URIAL, CREMATION, R	EMOVAL 236 DA	TE /1 /0 C	23c. NAME OF CEME			23d. LOCATION	OURNIX .	WALS
07 /s 25N	B4 BP		ürial	12	/1/86	Parklaw	n Ceme		Rockville	Mont	
Z-3/V	DHMH - 17	H	neral director Mes/Rina	ldi 118	300 New	Hamp.Ave		25a. DATE R	REC'D. BY REGISTRAR 256. REGIST	TRAR'S SIGNAT	
	(VR A15 ME (5))				for Snr			DE	7 7 Sacre		





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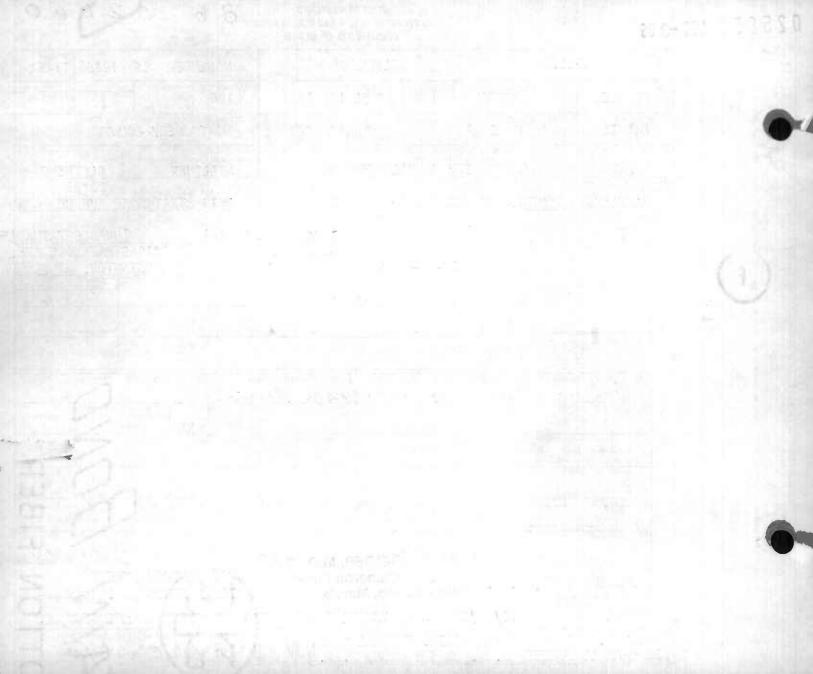
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noy be poge 3		CEASED NAME CORPRINT) LIL	LIE	W	AIDDLE	SILVE	RMAN	NOVEMB		1986	1:45A M
ige 4 mo	3. SE	FEMALE		4. RACE WHITE		S. DATE O	EL 15 <sup>AY</sup> , 1888	6. AGE (IN YEARS LAST	YRS.	FUNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.
John Person di		RTHPLACE (STATE ORFO		usi	what country? <b>A</b>	WIDOWE		9. BALTIMORE CITY MONTGO	MERY COUNTY	OF DEATH	MD.
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NG PHYSICIAN: The low requires that the death certical and completely filled in by the other this certificate has been signed by the ottending through an expension of the buriol-transit permit. Then please remove carbon manes are along 2 spould be file than Amental Hygiene prior to buriol, cremation, buriers and another are along the manipulation of the file of th	CERTIFICATION	19a DATE OF OPERATI	ON	196. CONDIT	TION FOR WHICH	Lin	NOT RELATED TO THE TERMI	28a AUTOPSY? YES NO	29b. IF YES IN CERTIFY	, WERE FINDIN YING CAUSES S	NGS USED
ON OF VIT.  THYSICIAN: T  dding physic  sis certificote  buriol-trons  Mentol-trons  or Item/8 st	MEDICAL CE	21d. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICA 21d. INJURY OCCURRE	LUSE OF DEA	TH HOUR A.A	A. MONTH DA	YEAR 19	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF IN	JURY IN ITEM 18 P.	ART ) OR PART 2)	
DIVISIC DIVISIC After the c os the to the thirk and to the do	ME	WHILE NOT WHILE AT WORK	E 🗍	(AT HOME, STRE	ET, FACTORY, OFFICE, F	ARM, ETC )	STREET	CITY OR	TOWN	COUNTY	STATE
A ATTEND haspitol of RECTOR. sed for use for use for use for use the sed for u		22a.1 certify that (I) ( saw the deceased above, (I) (we) di 22b. SIGNATURE	d alive on	/	1.24 101		d that in (my) (ear) opinion d	eoth occurred on the	date and hour		
O HOSPITAL ON etoined by the TO FUNERAL DII should be detect with the Stote De MAPORTANT; If h		JASON GET	ME HYPE O	R PRINTS	25ASOM 8830	GEIG Cam	ATTENDING AND	B830 CAN	MERON S	TREET	6.16
PP		BURTAL			1986 ADA	ring. IAMS 850 S ISR	Harviand 20010 CALLY OR CREMATORY AEL CONGREGAT	STLVER S 1234 LOCATION 10N CEMETE	PRING, RY WA	<u>MARVIA</u> SHTNGTO	ND D'C'E
DHMH - †6 50M 4/83 (VRA 15, 4)	80 23	NACOPINICTOSTE 2 CARROLL S	IN H	EBREW ME T, N. W.	MORIALS F WASHIN	UNERA GTON.	L HOME NOV 2 8	REC'D. BY REGISTRA		RAR'S SIGNAT	



23843 NOV 14	FOR STATE REGISTRAR	DEPARTMENT OF HE	OF MARYLAND ALTH AND MENTAL HYGIEP CATE OF DEATH	REG. NO.	32661
noy be	DECEASED NAME FIRST ESTHE	Z MIODLE LAS	NEER.	D. DATE OF DEATH MONTH	106/862:45 P.
ge 4 moy	3. SEX FEMALE 4 RAC	white 5. DATE OF	0AY YEAR 8 1889	AGE (IN YEARS LAST BIRTHOAY)	
death. Po	Czechoslovakia	USA   WIDOWED	NEVER MARRIED DIVORCED		FOMERY MD.
by the full filled with	Rockville Heb	name of hospital, nursing home of froin such facility, give street accress) rew Home of Greater	(	B. USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKIN Housewife	12b. KIND OF BUSINESS OR INDUSTRY
AND 21:	USUAL RESIDENCE (IF NURSING HOMEOR OTHER 13a STATE 13b COUNTY Maryland Montgom	ery Rockville	YES NO	6121 Montros	se Road 20852
E, MARYLA completely if	14 FATHER'S NAME FIRST (UNKNOWN)	LAST	IS MOTHER'S MAIDEN NAME	(UNKNOWN)	LAST
TIMORE, be executed on and control or secure.	160 WAS DECEASED EVER IN U.S. ARMED F	OR DATES)	rances Sing	er Springs, er; 2509 Je	Md., 20902 nnings Road APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DS, 201 W. PRESTON ST quires that the death cert signed by the attending then please remove corbor to burial, cremation, or ret jury, or other traumatic ev	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT COND	DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  SHED OA  ITIONS CONTRIBUTING TO DEATH BUT N	mid .	ALDISEASE OR CONDITION	year.  year.
At RECOR	190. DATE OF OPERATION I	9b. CONDITION FOR WHICH OPERATION	WAS PERFORMED	20e AUTOPSY? 20b. IIN CE	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?  YES NO
NG PHYSICIAN: Tottending physicial ter this certificate os the buriol-trons in and Memol Hygin	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)  21d, INJURY OCCURRED 2	1b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 1e. PLACE OF INJURY AT HOME. STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	A 18 PART ) OR PART 2)  COUNTY STATE
OR ATTENDING OR ATTENDING or the hospital or of DIRECTOR. After oched for use as to Dept. of Health of	WHILE NOT WHILE  220.1 certify that (I) (this hospital) of sow the deceased alive an obove, (I) (we) (did) (did not) view  18.510 ATURE	the body ofter death.	EGREE	/	hour and from the causes stated
TO HOSPITAL retoined by th TO FUNERAL should be deter with the Stote	72d. PHYSICIAN'S NAME (TYPE OR PRINT LOSETO S. A.	13102, m)	PHYSICIAN DE 1 220. ADDRESS 6/2/ MO	NTROSE	Rd.
BP	(CRECIEVI)	1-9-1986 D.C. TO	dge Cemetery	Washington,	D.C. STATE
DHMH - 16 50M 4/82	24. FUNERAL DIRECTOR	Rockville, M	aryland 25e. DATE R	EC'D. BY REGISTRAR 25b. RE-	GISTRAR'S SIGNATURE

1 56 5 mm 10 11 MAN & P STINCE Y S SING & TWOM Cordin Delengery Grant I. Daniel Himself Comment O - 52 - 30/ 1/ - 58 - 18/ 20 30 // O

72267	HOLL		FOR	DEDAD	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HYO	SIENE DO J	200
23267	MUA	-7	REGISTRAR	DEFAR	CERTIFICATE OF DEATH	REG. NO.	
	11	I-DE	CEASED NAME FIRST	MIDDLE	LAST		DAY YEAR 26. HOUR
nay be page 3	K	(TYP	OR PRINT)	10	Singer	November 2, 1986	4 p.
moy pod	9	3. SE	X	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 H
Page 4 director	- 1		F emale	White	June 10, 1910	76 YRS.	MONTHS DAYS HOURS M
	i i		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
death.	/ to /		ithuania	USA	WIDOWEDXX DIVORCED	Montgomery C	County,
s after by the filed with	) ( Completed		lver Spring	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE 11649 Lockwood	ING HOME OR OTHER INSTITUTION ET ADDRESS) Drive, #101	(TYPE OF WORK FOR MOST OF WORKING LIFE  HOUSEWife	126. KIND OF BUSINESS INDUSTRY
in b	277	Usu	AL RESIDENCE (IF NURSING HOME COL	OR OTHER INSTITUTION, GIVE RESIDENCE BEFO	RE ADMISSION)		(20904)
24 h	37/		4 4 1	gomery Silver	Spring YES X NO	136.STREET ADDRESS / ZIP CODE 11649 Lockwood I	
thin sho	Sec.	_	ATHER'S NAME	gonary priver	15. MOTHER'S MAIDEN NA		orive, #101
d win	1551		Bernard	Seidel	FIRST	MIDDLE	LAST
S - C	0	16a	VAS DECEASED EVER IN U.S. A			(unknown)  ADDRESS	00004
age a	edio		YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES!			20904
be ian	e e	-	No	577-54-		r: 1806 Tufa Teri	
ysic ppe	<b>#</b>		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one couse per line for (a), (b), a	4		APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
da g	eve eve			ATE CAUSE (a) Cardiac	, airest.		
ding dra	- it			DUE TO, OR AS A CONSEQU	IENCE OF		
teat then then	C C		Canditians, if any, which	( b) Curon		ร้า	6 years
a del	1		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQU			0
10 000	-		underlying cause last	DOE TO, OR AS A CONSECU	nchulesterolemia		since childhi
a part	70 /		PART 2 OTHER SIGNIFICANT		DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIV	EN IN PART 11g
g 24 9	1	CERTIFICATION	Ed. I - I				
1 0 1	177	A	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED		, WERE FINDINGS USED
2 0 0 0	1	Ĕ					YING CAUSES OF DEATH?
the state of the s	10	3	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 P	
34 415	4		OR CONTRIBUTING CAUSE OF DE	CAIN	DAY YEAR		
Mary Carlo	4	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINI 216, INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	211 LOCATION		
MG PH of the fi	pay	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE	FARM, ETC ) STREET	CITY OR TOWN	COUNTY STATE
9- 4 19	E	-		pital) attended the deceased from	2/86 19		19_80 , that (I) (we) I
E 5 5 5 5	5		saw the deceased alive a	10/28/8U 19	, and that in (my) (aur) apinian	death accurred on the date and hav	r and from the causes stated
A Part of the same	1		22b. SIGNATURE	to view the body after death.	DEGREE		22c. DATE, SIGNED
01010	=		10,001	24/1001-	MD ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN	11/3/8
E de de	31		22d. PHYSICIAN'S NAME CTYPE	OR PRINT)	22. ADDRECC		1.12/0
O HOSE etained TO FUN	PORTAN		Debu	nghB Goldb		ng St Silver Si	oring Md
7 6 - 4	-	23o.	Burial, cremation, remova	L 236. DATE 23c.	NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY
BP			Burial	11/4/86 D.	.C. Lodge Cemetery	Washington, D.	C. STATE
DUMU 14 (0)	44 7 /0 4	24 F	INERAL DIRECTOR DANZA	NSKY-GOLDBERG ME	MORIAL CHAPELS   250. DAY	E REC'D BY REGISTRAR 256. REGIST	RAR'S SIGNATURES
DHMH - 16 60/ (VRA 15,			NAME	ike; Rockville,	100	1 5 1900 Julia	Decidery - Kind
(	'		10 INCKATTIE I	TICE, INCKATITE,	1 DL - 20032		

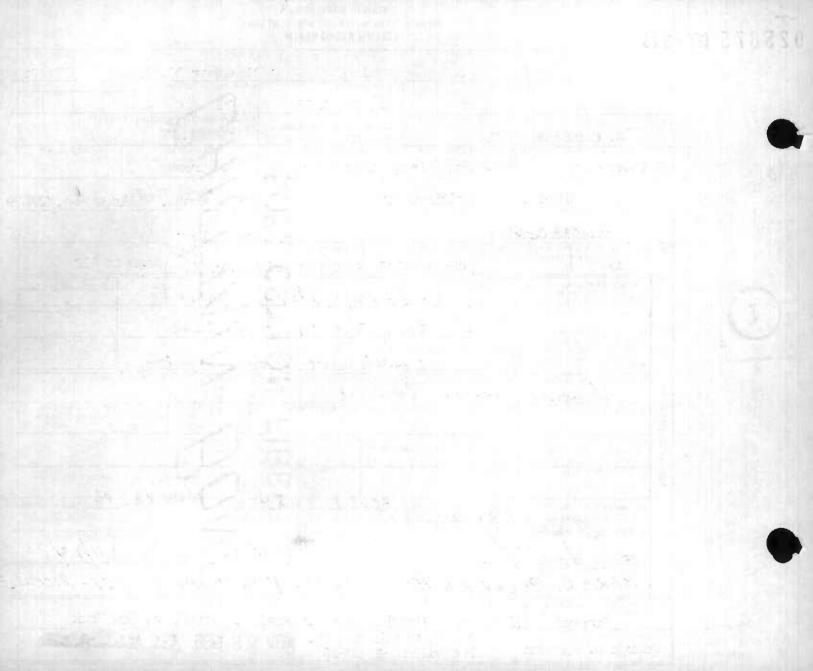
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5015 nco	Ki	FOR STATE REGISTRAR		DEPARTMENT	TATE OF MARYLAND OF HEALTH AND MENTAL HY TIFICATE OF DEATH	GIENE REG. NO.	3200
0 1 1 nck	₽.D	ECEASED NAME FI	James MES B	WIDDLE	SMiley SMILEY	26. DATE OF DEATH MONTH	6-86 1140 p
poge deal	3. 9		11 RACE	urkett	TE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
ctor.			had fill the bear	N	ONTH DAY YEAR	70	MONTHS DAYS HOURS MIN
Page dire	1/10.	Male BIRTHPLACE (STATE OR FORE)		WHAT COUNTRY? 8.	nuary 17, 1908	9. BALTIMORE CITY OR COUN	
Seath.	9 F	country) ennsvlvania	Unite	3 (31 - 1 -	RRIED 🔀 NEVER MARRIED 🗆	Montgomery Co	untra
ed de for	7/10	CITY OR TOWN OF DEATH			ME OR OTHER INSTITUTION	12a USUAL OCCUPATION	126 KIND OF BUSINESS C
to de to	01:	Silver Spring		. Seminary Ro		Organist .	TV Station
d in be f	7 US	JAL RESIDENCE (IF NURSING				13e.STREET ADDRESS / ZIP CO	
fille fille	2		ontgomery	Silver Spri		2501 Seminary	
orthir etely	//14.	ATHER'S NAME	MIDDLE	IAST	15 MOTHER'S MAIDEN NA		
p du la	U	Harvey	Burkett	Smiley	Maude	WIDDLE	Brown
dicol	160	WAS DECEASED EVER IN L	VES. GIVE WAR OR DATES	166 SOCIAL SECURITY N	O. 17 INFORMANT	ADDRESS	2201112
Page .		No	TES, OTTE WAR ON DATES!	579-09-9942	Jessie H. Sm	iley, Same as	13
equires that n signed by Then please to buriol, c	NO NO	PART 2 OTHER SIGNIFIC	(c)	ONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	minal disease or condition (	SIVEN IN PART 110
an. he law re an. hos beer if permit. lene priar	CERTIFICATION	19a. DATE OF OPERATION	19b. CONE	DITION FOR WHICH OPERA	TION WAS PERFORMED	_ IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO NO
IYSICIAN: TI ding physicis s certificate buriol-transif Mental Hygis in Item 18 sh		210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL E.	OF DEATH HOUR	OF INJURY A.M. MONTH DAY YE F.M.	21c. HOW INJURY OCCUP	RED (ENTER NATURE OF INJURY IN ITEM )	8 PART I OR PART 2}
actending left this cert as the burial h and Mental or sked or lien	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY TREET, FACTORY, OFFICE, FARM, ETC	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
NO IN		22s. L certify that (I) (this	/		9-25197	3_, to 11-26	. 19 <u>86</u> , that <b>(</b> we) l
ATTE aspito CCTO d for n of h		sow the deceased o	did not) view the bod	y ofter death.		death accurred on the date and h	our and from the causes stated
the horal DIRE etochecte Depicte If Ite Depicter		Leng	stocke	mes	DEGREE ATTENDING PHYSICIAN (	MEDICAL STAFF DIRECTOR PHYSICIAN	11-28-8
TO HOSPITAL retained by the TO FUNERAL should be det with the State IMPORTANT:			Sengstacl		3929 Ferrar	a Drive, Wheato	n, MD 20902
	23a	BURIAL, CREMATION, REM	OVAL 236. DATE		OF CEMETERY OR CREMATORY	236 LOCATION CITY OR TOWN	COUNTY STATE
BP	-	Cremation	11-28	-86 Metron	olitan Cremato	ry Alexandria,	Virginia
DHMH - 16 60M 7/84	4 24	FUNERAL DIRECTOR RIC	chard Rapp	, Inc.	l DC	C 1 1086 Julia	
(VRA 15, 4)	1	804 T Street	NW, Was	hington, DC	20009 UE	0 1 1986 Hulia	Divideon Randale

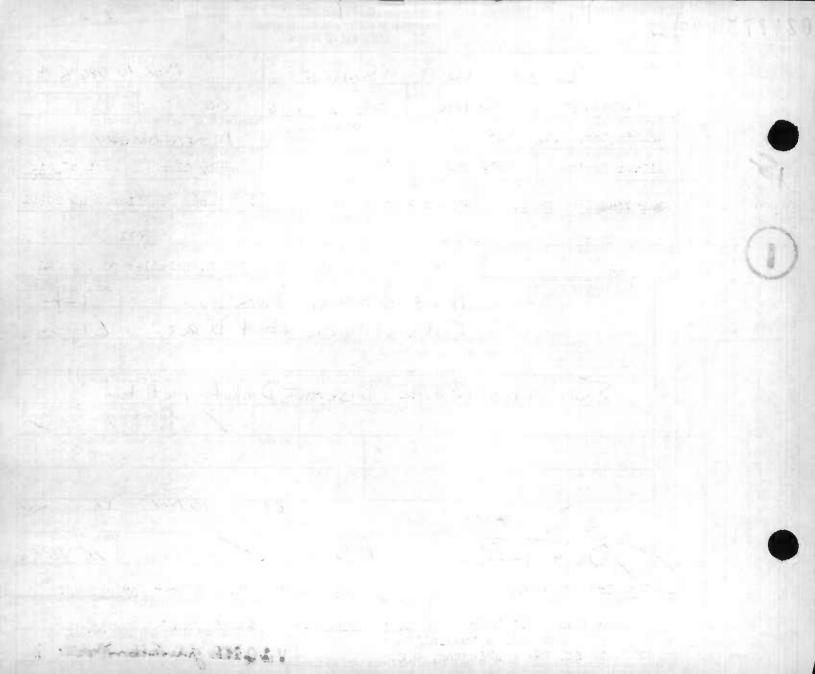
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025887	DEC -	3,8	FOR STATE REGISTRAR			DEPART	MENT OF H	ALTH AND MENT		NE O	REG. NO.	0	line St	9
	-74		CEASED NAME	FIRST		MIDDLE	LA	ST		2a. DATE OF D		H DAY	YEAR	2b. HOUR
by be		(TYPE	OR PRINT)	Bel	ا ۵		Sm	ith			Nov	7.18.	. 86	5:00PM
may er de		3. SE)			RACE		5. DATE O	BIRTH		. AGE (IN YEAR			DER I YEAR	IF UNDER 24 HRS
4 to			Female		Bla	als	MONTH	1y 20.	1904	80		YRS.	HS DAYS	HOURS MIN.
2 45	2		RTHPLACE (STATE OR F	DREIGN I		WHAT COUNTRY	? 8.	NEVER MARRI	_ 9		CITY OR CO		DEATH	
4 527.5	10/		S. Carol	ina	II.	SA	WIDOWE			Mo	ontgor	nerv		MD.
0 1 11	73/	10. CI	TY OR TOWN OF DEA	тн	11. NAME OF		NG HOME O	OTHER INSTITUTION		12a USUAL OC	CUPATION	11	2b. KIND O NDUSTRY	F BUSINESS OR
**	1	G	ermantow	n	1898			ord Cir			nesti		Nor	ne
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	23,-	USUA	AL RESIDENCE (IF NURSI	NG HOME OR O	OTHER INSTITUTION	GIVE RESIDENCE BEFO	RE ADMISSION)	13d INSIDE CITY LIA		3e.STREET AD			20	7-74/
AND 124	20		ЬМ	Mon	ta.	German		YES NO	₽ I	1898	) Abbo	5.0	Ford	Circle
ENL.	127	14. FA	THER'S NAME		AIDDLE	LAST		15. MOTHER'S MAIL	DEN NAME		MIDDLE		LAS	
W P S	00		Moses			Middl			nah	No.			Ris	zers
o x ec	dice		VAS DECEASED EVER		MED FORCES?	16h SOCIAL SEC	URITY NO.	17 INFORMANT			ADDRESS			
TIMO be e	a B		No					Mrs Dia	ne W	ilder	(Niece	) Sar		
BAI BAI	1 th		18 CAUSE OF DEATH PART I. DEATH W.	I (Enter and	y one cause pe	r line far (a), (b), a	nd Ici.)	00000		A	w 1~	1	BETWEEN	MATE INTERVAL ONSET AND DEATH
5 / 100	¥ !	H			E CAUSE (a)	ama	100	remer	du	10	wes			
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	part part		Canditians, if any, gove rise to imm	ediote	(p)	26 01	000	200	4					
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DS. 20 quirts then pile	no buri	NO	PART 2. OTHER SIGN	HFICANTC	onditions <u>c</u>	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO TI	HE TERMIN	AL DISEASE	OR CONDITIO	IN GIVEN I	N PART 110	
RECO!	Con bill	FICATI	19a. DATE OF OPERAT	ION	19h COND	ITION FOR WHIC	H OPERATION	WAS PERFORMED		20a AUTOP	IN		G CAUSES	OF DEATH?
TAL Floor	140	ERTE	21a, ACCIDENT WAS UND	EPIVING (	21b, TIME C	OF IN HIRY		21c HOW INJURY	OCCUPPE		100	YES [_	~	NO []
OF VI	Hemor H	CAL C	OR CONTRIBUTING C	AUSE OF DEA	TH HOUR A	.M. MONTH (	DAY YEAR	THE HOW WIGOKT	OCCORNE	D (ENIER NATU	RE OF INJURY IN I	EM IO PARI I	ORPARIZ	
NG PHYSICIA ortending to figure this certifical	O O	AEDIC	21d. INJURY OCCURR			OF INJURY REET, FACTORY, OFFICE	FARM. ETC.)	21f LOCATION STREET	0	1	CITY OR TOWN		COUNTY	STATE
IVE SA SE S	han	2	AT WORK AT WOR	K 🗍				11	00	ECC				
ENDIN A NO.	Healt is me		22a.l certify that (1) saw the decease			he deceased from	2	d that in (my) (aur)	opinian de	14 86	on the date a	, 19_		that (I) (we) lost
TA GO OF THE SERVICE	p to	13	obave, (I) (we) (d			after death.		EGREE	_				22c DATE	
AL OF ALCOHOLOGY	am De	6	H	9,	U	Man	2	ATTEN	IDING X	MEDICAL DIRECTOR	STAFF PHYSICIAN		111	19186.
HOSPI D FUNE	MAPORTAL		FIL Q	U- D	PRINT)	MIA	NEY	27e ADDRESS	28	Ger	nand	fann	Re	andawn.
54 54	131	23a E	SURIAL, CREMATION,	REMOVAL	23b. DATE	230	NAME OF C	METERY OR CREM	ATORY	23d LOCATI	ON	1	JAN	STATE
BP			Remo	val	11-20	)-86 Fi	eldings	Home for				rles		SC
DHMH - 16 6	OM 7/B4	24. FU	JNERAL DIRECTOR			246 Nores		CON Dr.	25a DATE	REC'D. BY REC	SISTRAR 25b. F			
(VRA 15		(	eorge R. S	nowde	en l	Rockville	e, MD	20850	UEU (	1 198	O Julia	Dand	wor. Par	Charles 1

10258	875	DEC -	3 8	FOR STATE REGISTRAR		DEPARTI	MENT OF I	E OF MARYLAND BEALTH AND MENTAL HYG FICATE OF DEATH	SIENE G C	3 2	000
			1. DE	CEASED NAME FIRST		WIDDIE		AST	20. DATE OF DEATH	MONTH DAY YE	AR 25 HOUR
	page 3		,		sie	Mae		ith	November 23	3, 1986	12:40am
			3. SE	(	4. RACE		5. DATE (		6. AGE (IN YEARS LAST 8IR		YEAR IF UNDER 24 HRS
	ge 4 ector			Female	B1	ack	Feb.	18, 1913	73	YRS.	
1	Poldir	2		RTHPLACE (STATE OR FOREIGN		F WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O	_	н
	deof uner	5		S. Carolina			WIDOW		MONTGOME		MD.
560	by the f		7.1	ithersburg	19006	HOSPITAL, NURSIN UCH FACRITY, GIVE STREET MONTGOME	ry Vi	or other institution  11age Ave.	120. USUAL OCCUPATI (TYPE OF WORK FOR MOST O Seamstres:	F WORKING LIFE) INDUS	ND OF BUSINESS OR STRY
ND 212	24 hau filled in buid be	35	13a. S	AL RESIDENCE (IF HURSING HOME C STATE 13) COL MONT	OR OTHER INSTITUTION INTY	Gaithers	(N	13d INSIDE CITY LIMITS?	13e STREET ADDRESS / 19006 Monto	zip code g. Village	Ave./20879
MARYLA	d within	43	14 FA	THER'S NAME FIRST Charlie J	enkins	LAST		15. MOTHER'S MAIDEN NA.		VLG	LAST
RE, A	ecute d	9.		VAS DECEASED EVER IN U.S. A	RMED FORCES?	16h SOCIAL SECL	JRITY NO.	17. INFORMANT	ADDRE	95	
BALTIMO	Pag P	medi	(,	(ES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	056-24-8	8741	Adolphus Smit	h, Jr. (sor	same as	<b>#13</b>
RECORDS, 201 W. PRESTON ST	ow requires that the most to be not b	prior to buriol, cremetion, or resource or survinjury, or other troumotic ev	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse io), stoting the underlying couse lost.  PART 2. OTHER SIGNIFICANT  Charter  19a. DATE OF OPERATION	DUE TO, (c)_  CONDITIONS C	OR AS A CONSEQUE	ence of yell beath But	The licent Turing on NOT RELATED TO THE TERM ON WAS PERFORMED	Jackere Sleveyspa NINAL DISEASE OR CON 200 AUTOPSY?	DITION GIVEN IN PA	INDINGS USED
AL R	The I	1 1 L	E				_	71	YES NO	YES 🗌	NO 🗌
JOF VII		ental Hygi		21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMIN	EATH HOUR	OF INJURY A.M. MONTH D P.M.	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM TS PART I OR PAI	(† 2)
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	aspitol or ector: Al	t. of Healt m 21 is mo		220.1 certify that (1) (this has sow the deceased alive a abave, (1) (we) (did) (did n	NOU	1 20 19/	86°°	nd that in (my) (our) apinion	death occurred on the de		
1	TAL OR  y the ha  RAL DIRE  detache	Stote Dep		22b. SIGNAUSER	ny		MA		MEDICAL STAI	E	23/P6
	retained by TO FUNERA shauld be de	MPORTA			BELLE	DONNE			HSICIAN	is can	- Rocenter
1				BURIAL, CREMATION, REMOVA				EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
	BP	7	24 51	Removal UNERAL DIRECTOR	111-24			Green Funeral		yn, New Yo	
D	VRA 15			eorge R. Snowd	en	Rockville	asnıng e, MD	20850	28 1986 7	256 REGISTRAR STO	(Carles)



201775	1			STATE OF MARYLAND	5 0 3	2000
024775 NOV 2	21 -8	STATE	DEPART	MENT OF HEALTH AND MENTAL HYC	SIENE	
	1	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	I. DE	CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH DA	Y YEAR 26 HOUR
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noy be			iris W	SNAKG		0 1986 6 A M
Ter D	3. SE	X	4. RACE	S. DATE OF BIRTH		FUNDER 1 YEAR IF UNDER 24 HRS
s of s	15	FEMALE	BLACIC	Feb 6 1926	60 YRS.	DATA HOURS MIN.
Pog direction	7a. B	IRTHPLACE ISTATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY	8 -	9. BALTIMORE CITY OR COUNTY	OF DEATH
# 122 B	TA	dashington, D.C	USA	MARRIED MEVER MARRIED	20.	
de de de		ITY OR TOWN OF DEATH		WIDOWED DIVORCED DIVORCED NG HOME OR OTHER INSTITUTION	MONTGOM	
2 43 4			("HOTY CYOSS TH	LADORESSIL - 1	120 USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS OR INDUSTRY Dept of Air
5 2 2 E		silver Spring	-		Supply Clerk	Dept of Air
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2 1 12 12		ATHER'S NAME	one. Bilvel	15. MOTHER'S MAIDEN NA		77 717
報 第7/4/	1	FIRST	MIDDIE LAST	FIRST	WIDDLE	LAST
1 - 1/11/00	1	George	Burke	Ella		lamy
# 1 1 J 7 E 1 /		WAS DECEASED EVER IN U.S. A	INF WAR OR DATEST		ADDRESS	
W 11 1/		no	577-30-	0327   Archie Snake	, 207 E. Schuiler	Rd.,SS, Md.
A September 1		18 CAUSE OF DEATH (Enter of	anly ane cause per line for (a), (b), ai	nd ion		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
feet feet		PART I. DEATH WAS CAUS	SED BY:	Pulmonary 2 br		1 2 la
2 8 8 8 8 8		IMMEDIA	ATE CAUSE (0)	Actividade Col	uca_	1210
O di post	1		DUE TO, OR AS A CONSEQU		out Diverce	110-
and the state of t		Canditians, if ony, which gave rise to immediate	(b) CASTE	nintersonal the	me to day	O year.
E 2 2353	1	cause (a), stating the	DUE TO, OR AS A CONSEQU	ENCE OF		
P T T T T T T T T T T T T T T T T T T T		underlying cause lost.	(c)			2001-0-1
S s book		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVE	N IN PART 1(g)
The sp	18	Swo	TAGE (KENA	L DIJEASE L	Ichete Mellit	710
8 1 1117	IFICATION	90 DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED		WERE FINDINGS USED
2 0 0 0 0 0 0 0	景	The second second			IN CERTIFY	ING CAUSES OF DEATH?
T 10 00 00 00 1	S ES	210, ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21. HOW IS HERY OR SHIP	YES NO YES	
Z 44 335 H	/	OR CONTRIBUTING CAUSE OF DE		AY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 PAR	T I OR PART 2)
0 00 101	13	(IF EITHER NOTIFY MEDICAL EXAMINE		19		
OF HAND	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY	211. LOCATION	CITY OR TOWN	COUNTY STATE
National Age	5	WHILE NOT WHILE AT WORK	TAT HOME STREET, FACTORY, OFFICE.	PARM, ETC.)	CIII	STATE
D A TO S	1	220.1 certify that (t) (this hase	pital) attended the deceased from	10 83	10 NOV 10	that (1) (we) last
A P C S S S S S S S S S S S S S S S S S S		saw the defeased olive o	n 7 Nov 19	and that in (my) opinion	death accurred an the date and haur	
4 4 5 4 5 4 4		Th. 5 GNATORE	not) view the body after death.			
Q # Q 9 Q #			, 0.7)	DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED
A 4 4 5 5 5	1/	1/24	Jultu	PHYSICIAN [	DIRECTOR PHYSICIAN	10 Nov & 6
HOSPITAL med by 1 EUNERAL old be de- tribe State	Y	THE PHISICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS		
O HOSP	1	Dr. Ira N. T	iblin	8830 Cameron	st., Silver Spr	ing Md
D# 541 34	23a.	BURIAL, CREMATION, REMOVA	L 23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	23d LOCATION	Ing. nu.
BP		(SPECIFY)			CITY OR TOWN	COUNTY STATE
Dr	24 E	Cremation UNERAL DIRECTOR Mar	11-12-86	Lee's Crematory	Washington	D.C.
DHMH - 16 60M 7/84	1	NAME	shall's Funeral	TOTAL	E REC'D. BY REGISTRAR 256 REGISTRA	AR'S SIGNATURE
(VRA 15, 4)		4217 9th St. N	W: Washington, D	.c.	guntalando	V-Northwest !



O 2 5 7 7 0 DEC O DEC O DEC O DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	
1 DECEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MO	TH DAY YEAR 26 HOUR
JOHN MACKIE SNEDDON NOVEMBER 26	1986 11:20 <sub>M</sub> A
3 SEX 4 RACE S. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHD)	
MALE WHITE APRIL 8, 1928 58	YRS. MONTHS DAYS HOURS MIN.
76. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED X NEVER MARRIED . 9. BALTIMORE CITY OR COUNTRY)	DUNTY OF DEATH
SCOTLAND UNITED KINGDOM WIDOWED DIVORCED MONTGO	MERY MD.
10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 120. USUAL OCCUPATION (IYPE OF WORK FOR MOST OF W.) 12265 GREENLEAF AVENUE FINANCIAL ANAL	
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  13a STATE  13b COUNTY  13c CITY OR TOWN  13d INSIDE CITY LIMITS?  13e STREET ADDRESS / 7	
136 COUNTY 136 COUNTY 136 LITY OR TOWN 136 INSIDE CITY LIMITS? 136 STREET ADDRESS / Z  MARYLAND MONTGOMERY POTOMAC YES NO X 12265 GREEN:	
15. MOTHER'S NAME FIRST MIDDLE LAST	
FIRST MIDDLE LAST FIRST MIDDLE  WILLIAM FRAME SNEDDON MARGARET MORRISON	MACKIE
WILLIAM FRAME SNEDDON MARGARET MORRISON    160 WAS DECEASED EVER IN U.S. ARMED FORCES?   166 SOCIAL SECURITY NO.   17 INFORMANT ADDRESS (YES, NO OR UNKNOWN)   (IF YES, GIVE WAR OR DATES)	THIOTEL
(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 216-04-2852 LORNA JEAN SNEDDON, SAM	E AS 13
18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18 CAUSE OF DEATH lEnter only one couse per line for (a), (b), and (c).  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) // ESTINAL OBSTINAL	2 ms
DUE TO, OR AS A CONSEQUENCE OF	Last
Conditions, if any, which (b) GASTAIC CANCER	2 Yrcs
gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF	
to A so to to underlying couse lost (c)	
DESIGNATION OF THE PRINCIPLE AND THE PRINCIPLE A	ON GIVEN IN PART 110
THE RECORDITION FOR WHICH OPERATION WAS PERFORMED  200 AUTOPSY?  YES NOT  210 ACCIDENT WAS UNDERLYING   216. TIME OF INJURY  216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN INJURY OCCURRED)	D. IF YES, WERE FINDINGS USED
YES NOSE	CERTIFYING CAUSES OF DEATH? YES TO NO TO
210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY PAY YEAR 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN POLICE AND MONTH DAY YEAR	
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR  (IF EITHER NOTIFY MEDICAL EXAMINER)  P.M.  19  21d. INJURY OCCURRED  21e. PLACE OF INJURY  21l. 10CATION	
ON ON THE PROPERTY OF THE PROP	
ST L S F S P P P P P P P P P P P P P P P P P	COUNTY
220 I certify that (1) (this hospital) ottended the deceased from 19 19 19 10 11 Le	19 56 that (I) (we) last
sow the deceased alive an above, (I) (we) (did) (did not) view the body after death	
276 SIGNATURE //DEGREE	22c. DATE SIGNED
ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	11/26/86
226, PHYSICIAN'S NAME LIVE OR PRINT! // 27e ADDRESS	20026
Plen M MONDER 1145-194 ST NW W.	ASHINGTON, DC
1 230. DUNIAL, CREMATION, REMOVAL 1/38, DATE 1/36 NAME OF CEMETERY OR CREMATORY 1/38 LOCATION	
BP (SPECIF CREMATION 11/27/86 METROPOLITAN CREMATORY ALEXANDR	A, VIRGINIA STATE
DHMH - 16 60M 7/84  24 FUNERAL DIRECTOR RICHARD RAPP, INC. NAME  250. DATE REC'D. BY REGISTRAR 256.	REGISTRAR'S SIGNATURE
(VRA 15, 4) 1804 T ST., N.W., WASHINGTON, D.C. 20009 DEC 1 1986	ia Divideon Pendace

025770 05750 DE LES CONTRACTOR VOCCONS DE LES CONTRACTOR DE LES CONTRACTOR DE LES CONTRACTOR DE LES CONTRACTOR DE LA CONT Thought the constant of the control of the 18 210 Ke 25 34 11/10 Collen M. Proper So that at the same and in the same are such for will be mention and part of the second cores and appropriate a ben and a rest

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REGISTRAR REG. NO EASED NAME 2n DATE OF DEATH 25. HOUR Solimando Michael nmn 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH IF LINDER I YEAR 3. 5EX Male White Sept. 9, 1903 83 TO BIRTHPLACE (STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED New York U.S.A. Montgomery CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12h, KIND OF BUSINESS OR Tailor 260 Congressional Lane #201 Retired Custom Rockville 2085213d INSIDE CITY LIMITS? 260 Congressional Lane #201 Maryland Montgomery Rockville YES TA NO 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Frank Solimando DiFilippo Anna 16h SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT YES NO OR UNKNOWN LIF YES, GIVE WAR OR DATES! 060-07-5804 Vivian Solimando (wife) same as 13e APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 18 CAUSE OF DEATH IEnter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Uremia with cardiorespiratory Acrest DUE TO, OR AS A CONSEQUENCE OF multiple my closed and end stage triding disease Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? NO NO [ 2 In ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 211 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR LIE FITHER NOTIFY MEDICAL EXAMINER PM 19 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE FARM, ETC ) NOT WHILE HU4441 22a.1 certify that (1) this hospital) attended the deceased from sow the decease plive an above (1) (we) (did (did nat) view the body after death and that in (my) (our) apinion death accurred an the date and have and from the causes stated DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS Rochville 15225 Shady Grove Rd # 206 SCHWART 230 BURIAL, CREMATION, REMOVAL 231. NAME OF CEMETERY OR CREMATORY Metropolitan Crematory Alexandria, Virginia Cremation 11/25/86

DHMH - 16 60M 7/84 (VRA 15, 4)

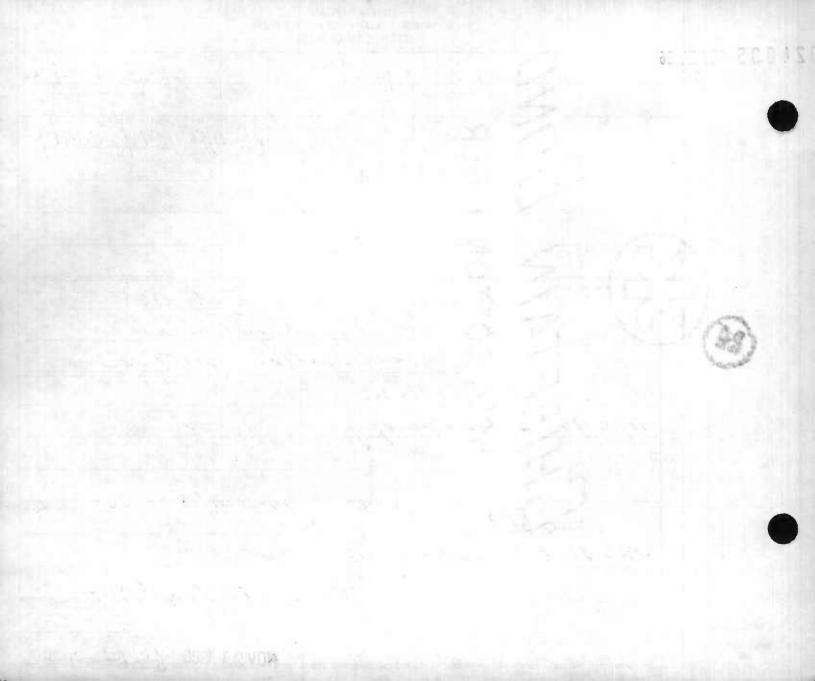
Tyson Wheeler Funeral Home, Inc. 1331 Rockville Pike, Rockville, Md. 20852

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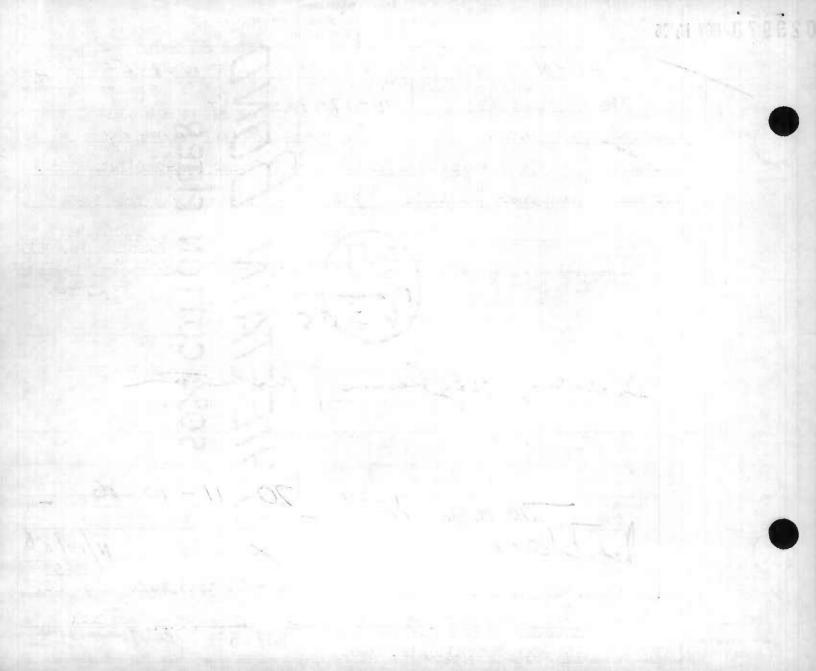
		FOR	DED		OF MARYLAND	8 0	3 2 3 0 7
23656 NOV 12	65	STATE REGISTRAR	DEF		CATE OF DEATH	REG. NO.	
10000	1. DEG	EASED NAME FIRST	WIDDLE	L	AST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
ay be age 3 deoth	(TYPE	ORPRINE) ANTANI	, J.	Span	acino	11/5/86	1240Pm
may pog	3. SEX		RACE	5. DATE O	F BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
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2 32/KN	Ja. 81	THPLACE (STATE OR FOREIGN	7b. CITIZEN OF WHAT COUN	TRY?	NEVER MARRIED	9. BALTIMORE CITY OR COL	INTY OF DEATH
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- 4 117/	To	koma Pork	11. NAME OF HOSPITAL, NU HENOT IN SUCH FACILITY, GIVE:	STREET ADDRESS)	nother institution	(TYPE OF WORK FOR MOST OF WORK) US GOVLA	MI2B. KIND OF BUSINESS OR INDUSTRY COUNTANT
6 13	USU		OTHER INSTITUTION GIVE RESIDENCE	BEFORE ADMISSIONS	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP (	0000
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13 XOC		Charles	Sparaci		Catheri	ne ADDRESS	Sentineri
# 3 ( FE ) 1	(		WAR OR DATEST	SECURITY NO.	17 INFORMANT		Came as 12E
3		Yes Navy		2 8626	JOHN TIDY	(Son in law)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
A Paris		PART 1. DEATH WAS CAUSED	D BY:	A	100 000	not	BETWEEN ONSET AND DEATH
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20 20 20	z	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION	N GIVEN IN PART 1:0
996	CERTIFICATION	198 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
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OF VITA Debysicio Strificote ol-tronsit mtol Hygie		21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA		DAY YEAR	21c HOW INJURY OCCUP	RRED (ENTER NATURE OF INJURY IN ITE	M 18 PART 1 OR PART 2)
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NG PHYSICAL OF CONTROL	MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, O	FFICE, FARM ETC )	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
DING or at After alth o		22a.1 certify that (1) (this haspit	tal) attended the deceased f	rom No	V 5 10 84	to Now 5	19 60 , that (I) (we) lost
TENG TOR. or us		sow the deceased alive on.	NEWS	D .		7.1	d hour and from the causes stated
REC Hed feept.		22b. SIGNATURE	t) view the body ofter deoth.		DEGREE		22c. DATE SIGNED
the operation of the op		10x Q1	h adh	w d	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	Was 5, 198
HOSPIT aned by PORTAN		De John	ADKIN	S		HALL AUG 774	111111
Of of war Management	230.	BURIAL, CREMATION, REMOVAL	11/8/86		EMETERY OR CREMATORY	23d LOCATION Brentwood	PG Md.
BP	_						SISTRAR'S SIGNATURE
DHMH - 16 60M 7/84	"H	THEST Traldi	Silver Spr.			UV 1 0 1986	was Devideon Radice
(VRA 15, 4)			PITAGE PAT	rily, rid.			

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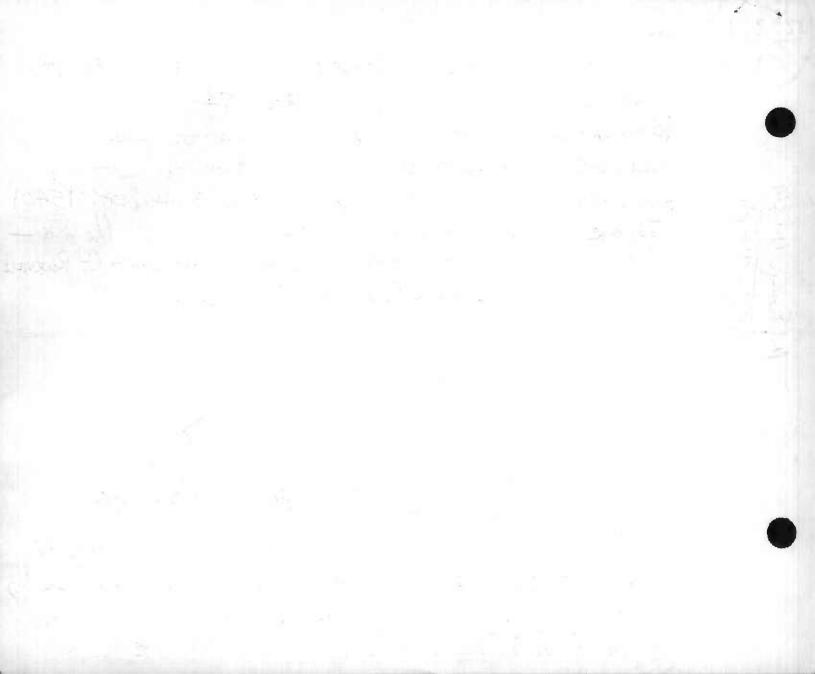
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y 10 ±	1. DE	CEASED NAME FIRST	1	MIDDLE	200	O D DIAL	20 DATE OF DEATH	MONTH DA	Y YEAR 21	HOUR () 35
moy b	3 SE		4 RACE	h1	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BE	RTHDAY) IF	UNDER I YEAR IF	UNDER CHAIRS
ors of	9.	MAle	Can	<u>.</u>	MONT	-17-1902		YRS		OURS MIN.
h. Po		RTHPLACE (STATE OF FOREIGN		F WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY C	FDEATH	
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ors ofter by the f	Ro	ckville	CO//	ngSwo	ADDRESS)	ursing ente	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST Owner (Re	OF WORKING LIFE)	Retail	
AND 21 hour filled in horld be	Ma		or other institution unity	136 CITY OR TOW Rockvill	ADMISSION) N	134 INSIDE CITY LIMITS?	136 STREET ADDRESS 299 Hurle		ue 208	50
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NOR SEE SEE			GIVE WAR OR DATES)			17 INFORMANT	ADDR	Rock	ville,M	d.20853
ad /		NO		053-14-7		Lawrence R.	Sparrow; Sor	1;14801	Marlin	Terrace
courses that the death certificate be executed within 24 had guines that the death certificate be executed within 24 had signed by the attending phy concording in filling in the please remove corbonogon in the buriol, cremation, or removing in the prior, or other troumatic event.		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU		er line for (a), (b), on	Pm	· summer			BETWEENONS	ET AND DEATH
	1	IMMED	IATE CAUSE (0)_		1	× 0 ×			0	
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he low re per reperior	CERTIFICATION	19a. DATE OF OPERATION	THE CON	DITION OR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, IN CERTIFYI YES	WERE FINDING ING CAUSES OF	S USED F DEATH?
VITA Name of the Parket of the	CER	210. ACCIDENT WAS UNDERLYING		OF INJURY A.M. MONTH DA	AY YEAR	216 HOW INJURY OCCUI				
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		SPECIEVI		1000		EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE
BP		SPECIFY) JNERAL DIRECTOR DANZA	11-12	2-1986 Be	th Da	vid Cemetery	Elmont,		lew York	
DHMH - 16 60M 7/84		NAME		ADDRESS		N.	W13 REGISTRAF	25 RESISTRE	PESESSHATTE	tidalli
(VRA 15, 4)	1	170 Rockville	Pike; Ro	ockville,	Md. 2	0852				

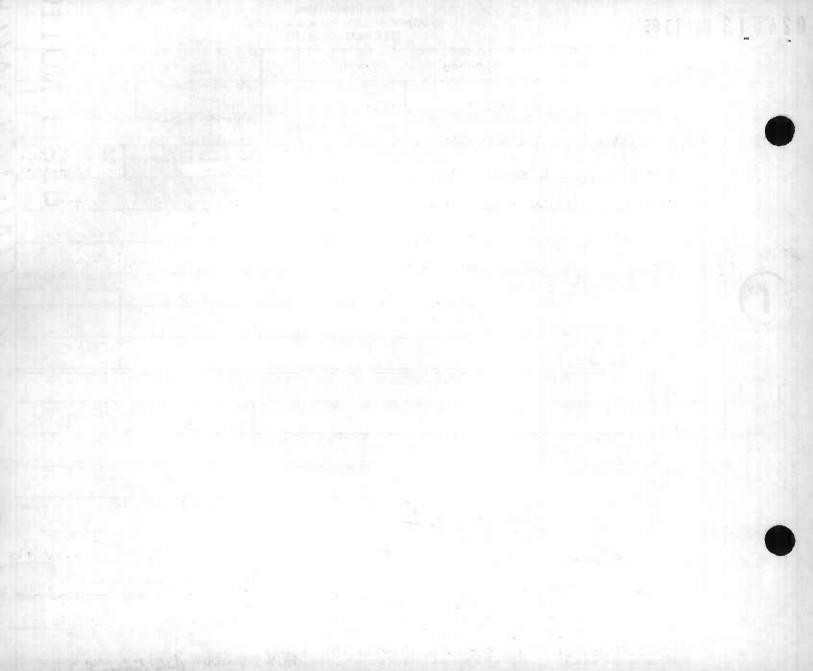


025211 NOV 2	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH  REGISTRAR  REG. NO.
9 P P	DECEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 26 HOUR (TYPE OR PRINT) MARY LOUISE STALEY 20 DATE OF DEATH MONTH DAY YEAR 26 740 PM
ge 4 mon ecter, po un other a	FEMALE CAUCASIM S. DATE OF BIRTH NONTH PO 1912 74 YRS. MONTHS DAYS HOUNS MIN.
A 41 20 20 11 11 11 11 11 11 11 11 11 11 11 11 11	IN HPLACE (STATE OR FOREIGN 1.6. CITIZEN OF WHAT COUNTRY?   MARRIED   NEVER MARRIED   MONTGOMERY COUNTY OF DEATH   MARRIED   MARRIED   MONTGOMERY COUNTY OF DEATH   MARRIED   MAR
Day the tr	ITY OR TOWN OF DEATH  OR NOSING SUBSTREET ADDRESS)  OKYLLA  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  OR MOST OF WORKING LIFE)  OWN Home  OWN Home
AND 2112	AL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  HAS STATE TO COUNTY 13d CITY OR TOWN 13d. INSIDE CITY LIMITS? 13c STREET ADDRESS 4.71P, CODE ST. 1540
ompled of the state of the stat	PEACHER'S NAME  PEACH  A. LARKIN  15. MOTHER'S MAIDEN NAME  AND MIDDLE
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99999	Burial Nov. 26, 1986 Sylvan Heights Cem. 23d. LOCATION CITYOR TOWN Pennsylvania
DHMH - 16 50M 4/83 (VRA 15, 4)	7557 Wisconsin Avenue Bethesda, Maryland 20814 NOV 24 980 June 1985



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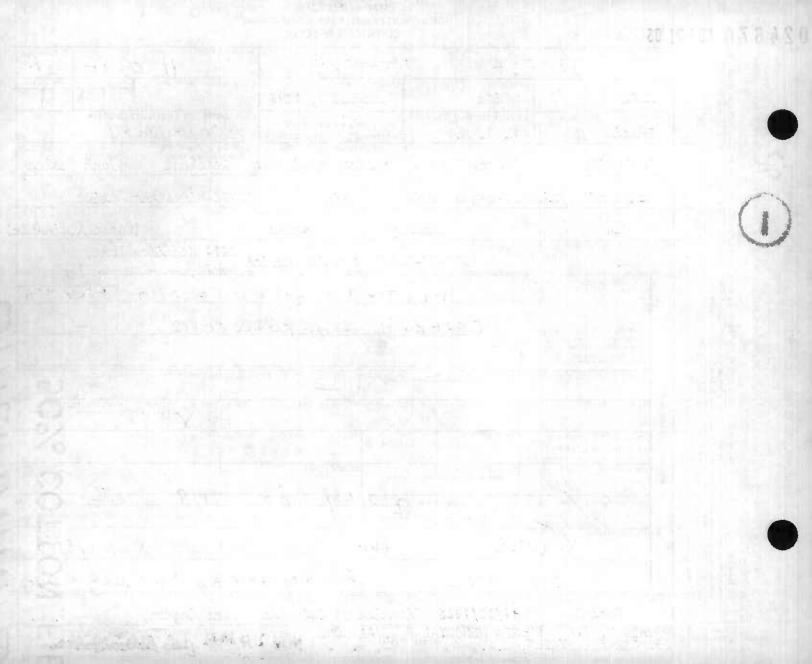
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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

0	REGISTRAN						REG	NO.		
g	1. DECEASED NAME FIRST		WIDDLE	ı	AST	声数反动	20 DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
ı	Marga	ret	P.	Stan	ton		November	21, 1	986	2:15p M
ď	3 SEX	4. RACE		5. DATE C		YEAR	6. AGE (IN YEARS LAST	BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
A	Female	Cauca	sian	May	21.	1899	87	YRS.	MONTHS DATS	HOURS MIN.
á	70. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER	MARRIED T	9 BALTIMORE CIT	OR COUN	Y OF DEATH	
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7	10. CITY OR TOWN OF DEATH		HOSPITAL, NURSIN			NOITUTION	120 USUAL OCCUP	ATION	12h KIND C	OF BUSINESS OR
4	Bethesda		vood Nursi		ome		Teacher		Educ	cation
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4	Frederick	MIDDLE	Pendleton			SMAIDENNAM FIRST SSIC	WE		Peter	
7	160 WAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMA	INT	ADI	ORESS OOO Ma	D	A soliday
2	(YES, NO OR UNKNOWN) (IF YES	one was on bales,	071-36-3	3443	Willi	am M. S	tanton /	ouo Ma	sters Di	20854
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4	Frederick G.						in Avenue	Chevy	chase,	laryland
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		Nov. 23				Cremato				irginia
	24 FUNERAL DIRECTOR Robe						TO A MOO	AK ZOD. REGIS	TRAR'S SIGNAT	
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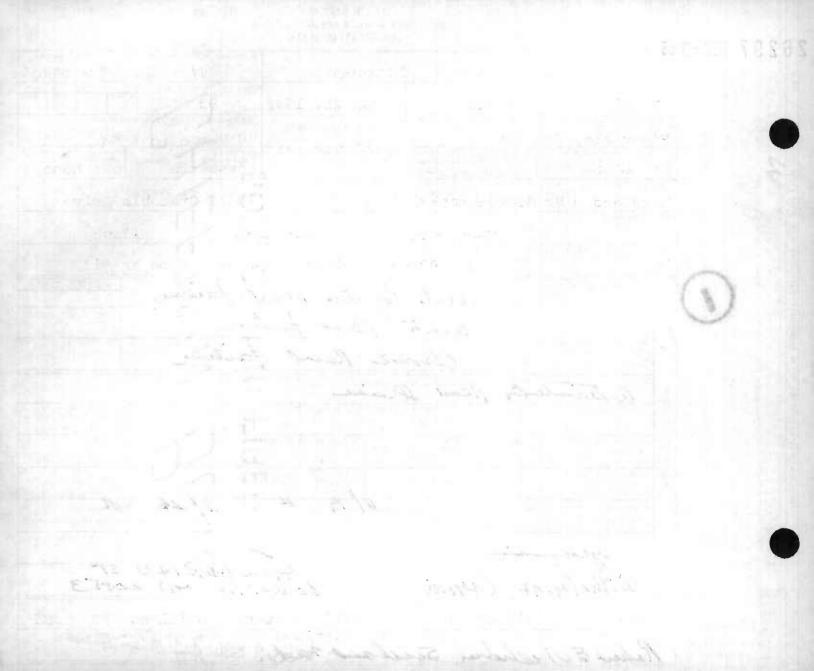
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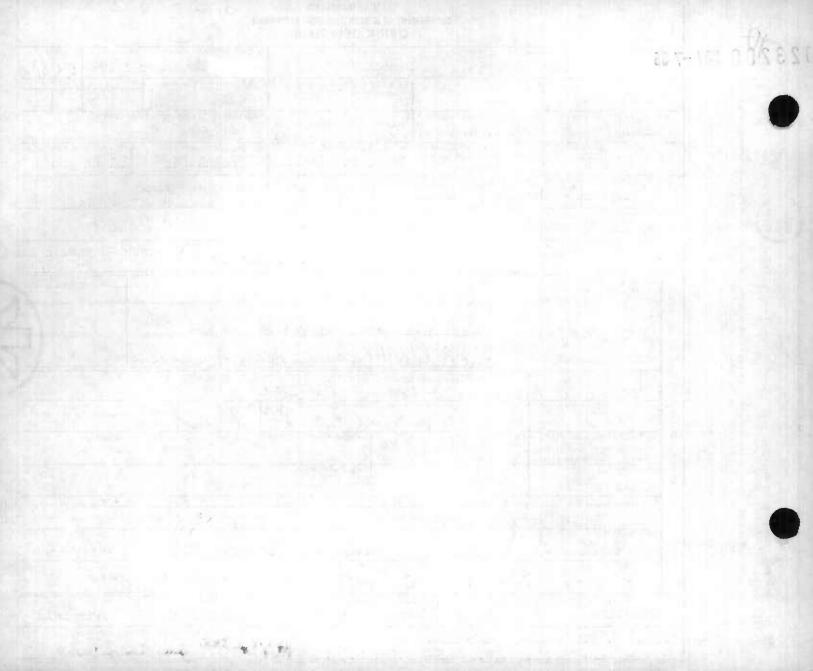
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		FOR STATE REGISTRAR			DEPA	RTMENT OF H	OF MARYLA EALTH AND N ICATE OF D	NENT AL HYG	IENE B	6	3	2 5	/ 8
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4 4 9 5	)	18. CAUSE OF DEATH PART 1. DEATH WA	1 (Enter only AS CAUSED IMMEDIATE	y one couse per lir BY: CAUSE (a)	e cut	gand Ich Base	estus	Keen	u fo	ribu	س	BETWEEN	IMATE INTERVAL ONSET AND DEATH
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by the hos ERAL DIREC edetached Stote Dept.		22b. SIGNATURE	un	•			Р	TTENDING HYSICIAN	MEDICAL	STAF		22c. DATE	SIGNED
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DHMH - 16 60M 7/ (VRA 15, 4)	/84 24 F	UNERAL DIRECTOR	ale	ahelu	Sui	tland	, Mary	landat	3 1986	REGISTRAR Juli	256 REGIST	RAR'S AIGNAT	LSE.



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 20 DATE OF DEATH MONTH 26. HOUR PRINT) Erna Sternheim 1986 November 1 4 RACE 5 DATE OF BIRTH DAY 07 YEAR 03 AGE (IN YEARS LAST BIRTHDAY) 3. SEX IF HINDER I VEAR IF LINDER 2 1 HRS White Female. 82 O BIRTHPLACE ISTATE OR FORFIGN 7h CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Germany Montgomery U. S. A. WIDOWED [ CITY OR TOWN OF DEATH
Takoma Park 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR OF WORK FOR MOST OF WORKING LIFE
BOOKKEEPET Alpha Foods Washington Adventist Hospital ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Takoma Pk Mary1and 780 Fairview Ave 20912 15 MOTHER'S MAIDEN NAME FATHER'S NAME Emanuel Heumann Thekla Wolff 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT 507 North Roosevelt Blvd NO OR UNKNOWN Robert D. Brenner, Falls Church, Virginia (IF YES, GIVE WAR OR DATES) 578-40-7936 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 8 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and co ARDIO-KESARATORY IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF THOUDLEWIC SHOCK Canditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF HEDOMONIAL ADRIC AMEURYLIN underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG BOINEC 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 4 40 200 AUTOPSY? 90 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED ACCIDENT WAS UNDERLYING 716. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on, and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 4801 Mascachusatts Ave. N.C. mo 23a, BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Cremation 11/2/1986 Alexandria Metropolitan Crematory Virginia DONALD M. STEIN HEBREW MEMORIAL, FUNERAL HOME 250. DATE REC'D. BY REGISTRAR 25h. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/B4 (VRA 15, 4) 232 CARROLL STREET, N. W. WASHINGTON, D. C.



## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

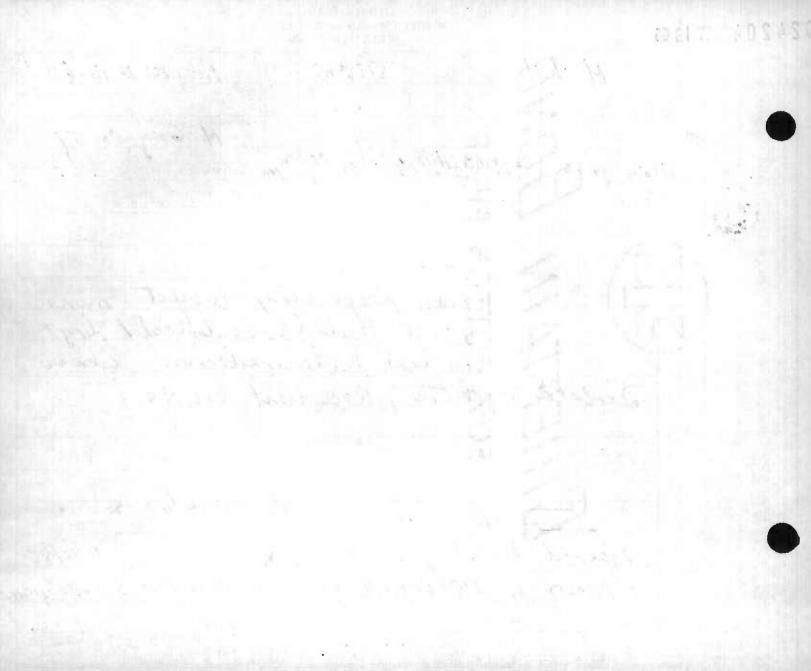
CERTIFICATE OF DEATH REGISTRAR REG. NO I DECEASED NAME 20. DATE OF DEATH TYPE OR PRINT TChELL Edwin 3 SEX Male. White Sept. 1903 83 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OR FOREIGN MARRIED X NEVER MARRIED Virginia USA W IN SO WIND WIN DIVORCED NAME OF HOSPITAL MURSING HOME OR OTHER INSTITUTION LEADER TO THE METALL THE CENTRAL PROPERTY OF THE PROPERTY O CITY OR TOWN OF DEATH (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRULUAL Life Insurance Ins. 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Montgomery Maryland Gaithersburg YES TE 41 Brassie Court 20879 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE John Haley Stevens Wollard Bessie 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT 578-09-3601 Nancy Stevens-daughter- (same as 13e) 18 CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to Conditions, if any, which gove rise to immediate cause (a), stating underlying cause CONDITION GIVEN CERTIFICATION 190 DATE OF OPERATION 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX NO | 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED ( ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220 I certify that (1) (this hoopital) attended the deceased from saw the deceased olive on\_ and that in (my) (our) apinion death accurred an the date and have and from the causes stated abave, (1) (we) (did) (did not) view the bady after death. DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS GEORGIA AUG Burial 11-17-1986 Fort Lincoln Cemetery Brentwood Montgomery 24. FUNERAL DIRECTOR

DHMH - 16 60M 7/84 (VRA 15, 4)

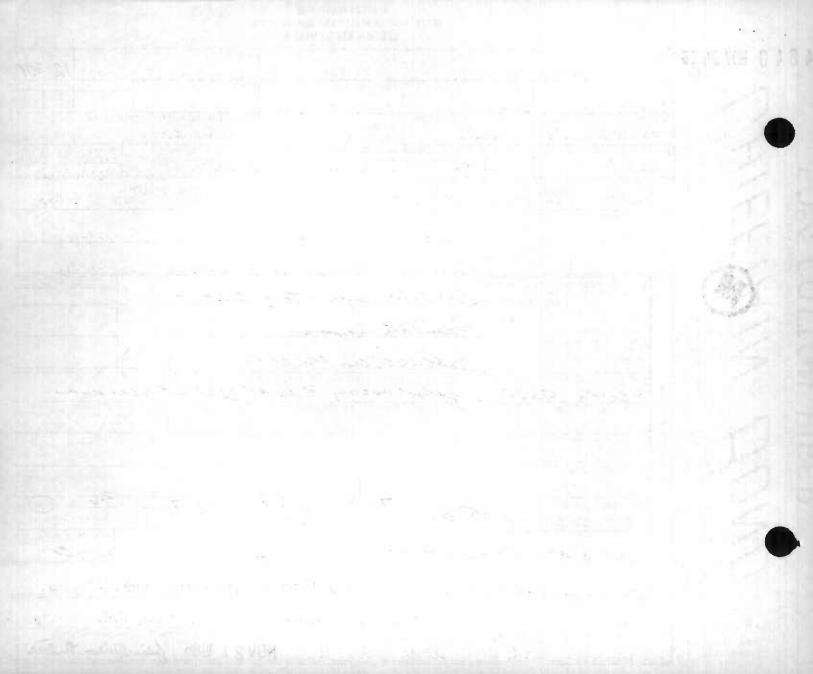
should b

Hines/Rinaldi Funeral Home

BY REGISTRAR 256 REGISTRAR'S SIGNATURE



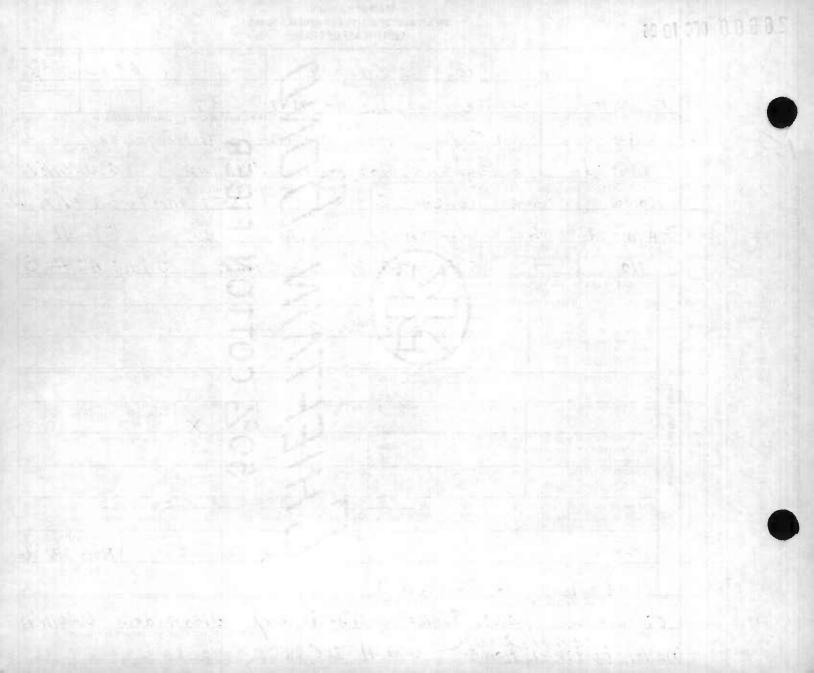
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1 8 8		Fdgar WAS DECEASED EVER IN U.S. A		166. SOCIAL SEC	URITY NO.	17. INFORM	<i>urah</i>	A	DDRESS	Robin	son
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			nly ane cause pe			WO/WAI	iy Frasi	or vaign	CU/C SI		XIMATE INTERVAL ONSET AND DEATH
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DHMH - 16 60M 7/84		NAME		Collins, ADDRESS				E REC'D. BY REGIS			***************************************
(VRA 15, 4)	50	10 University B	lud. Wes	st. Silve	r Spr	ing, Mo	d. N	JV 2 1 198	O Julia	Divideon	- Kandelle



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-	+5	23 (	W.S	Si	lver Spring	Hol	y Cross	Hospital			type of work for most of wo Supervisor	RKING LIFE) INDUSTRY	P.O.
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## STATE OF MARYLAND 026600 DEC 10-DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. LAST MONTH . DECEASED NAME FIRST MIDDLE 70 DATE OF DEATH 2h HOUR (TYPE OR PRINT) 30 LINDA 0 & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 1 SEX MONTH YEAR HOURS WHITE 1949 EMALE BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY WASH. D.C WIDOWED DIVORCED T CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) [TYPE OF WORK FOR MOST OF WORKING LIFE] INDUSTRY SUBURBAN. SUAL RESIDENCE (IF NURSING HOMEONOTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 30. STATE 136. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE NOIVE NONE 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE WAS DECEASED EVER IN U.S. ARMED FORCES? LYES, NO OR UNKNOWN SAME NO 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) us vastated Canditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOM YES [ 21b. TIME OF INJURY 710 ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 19 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE 220 | certify that (1) (this hospital) attended the deceased from. NOU 23 ,19\_86\_, and that in (my) (aur) apinion death occurred an the date and hour and from the causes stated sow the deceased alive an\_ abave, (1) (we) (did) (did not) view the body after deat 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 23d. LOCATION 230 BURIAL CREMATION, REMOVAL 25a DATE REC'D. BY REGISTRAR DHMH - 16 60M 7 14 ADDRESS (VRA 15, 4)

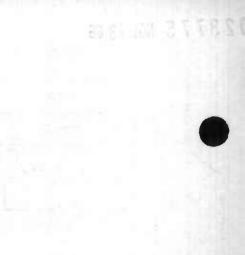


FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST L DECEASED NAME 20 DATE OF DEATH MONTH am November 26 1986 Francis Sullivan 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHOAY) 4 RACE June 1, 1929 Male Caucasian BIRTHPLACE ISTATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Montgomery County, Connecticut United States WIDOWED DIVORCED | IL CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR Electronic 17801 Vinyard Lane Derwood Engineering Engineer 13e.STREET ADDRESS / ZIP CODE Derwood 17801 Vinyard Lane Maryland Montgomery NO X /20855 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST FIRST King Danie Mary Ester Edward 17 INFORMANT (Wife) Vinvard La Judith A. Sullivan Derwood Yes Maryland 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o PRESTON ST. DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF FITHER NOTHEY MEDICAL EXAMINER) 21d INJURY OCCURRED 21L LOCATION 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (the hospital) attended the deceased from sow the deceased plive on obove, (I) (we had did not) view the body ofter death and that in (my) toor) epinion death occurred on the date and hour and from the causes stated 22h SIGNATU DEGREE 22c DATE SIGNED MEDICAL STAFF PHYSICIAN X DIRECTOR PHYSICIAN Nov. 26,1986 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 19261 Montgomery Village Ave. Gaithersburg, Maryland 20879 Stephen J. Newman, M.D. 0 236. DATE December NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL Arlington Cemetery 1986 Arlington Virginia 24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral Homes Date REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURI DHMH - 16 60M 7/84 300 W. Montgomery Ave. Rockville (VRA 15, 4)

STATE OF MARYLAND

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	mo)		3. SE		4	RACE			S. DATE O			6 AGE (IN)	EARS LAST BIRTH	DAY)	IF UNDER 1 YEAR	R IF UNDER 24 HRS
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AND 212	filled in	andstroe	13a. S	AL RESIDENCE (IF MURSIN TATE )	3b. COUNT	nt.	13c. CITY OF	RTOWN	OMISSION)	134. INSIDE CITY LI YES 🛣 NO		13e STREET 7	ADDRESS / I	zıp cobe Leis	ure W	orld Blv
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IMORE	execut and co	medical	16a V	VAS DECEASED EVER IN		ED FORCES? WAR OR DATES)	326 0			Alice	Suns	tedt	ADDRES		e as	above
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	TO HOSPITAL retained by the TO FUNERAL should be determent with the State	IMPORTA		22d, PHYSIGIAN'S NAA	1/7	192			/	22e ADDRESS	P	EY	17	5/4	208	32
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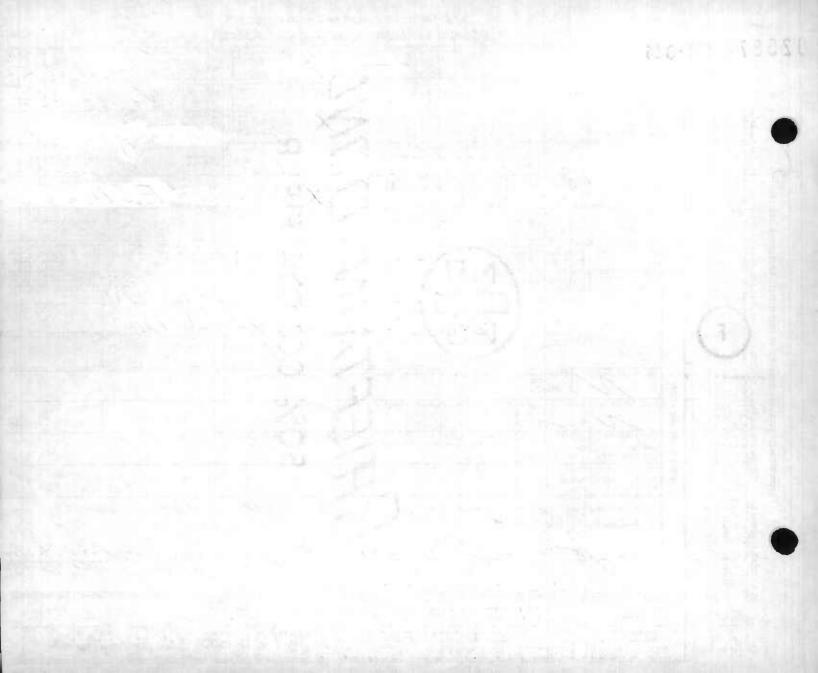


			STATE OF MARYLAND	50 5	2000
1	FOR  STATE	DEPARTM	IENT OF HEALTH AND MENTAL HYG	IENE	
	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
024639 NOV 2010	GASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH DA	Y YEAR 2b. HOUR
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3 SI	4. RACE	01	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	FUNDER I YEAR IF UNDER 24 HRS
ge 4	HEMALE	BIACK	1ª 19 3a	53 yrs.	DATS HOURS MIN.
70.8		EN OF WHAT COUNTRY?	8	9 BALTIMORE CITY OR COUNTY C	F DEATH
# /ER 1/ Q	COUNTRY	USA	MARRIED NEVER MARRIED	MONTGOHERY (	UTOUS !
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d/1 11 /4 / 10		OT IN SUCH FACILITY, GIVE STREET A		(TYPE OF WORK FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS OR INDUSTRY
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USU 13a	JAL RESIDENCE (IF NURSING HOM) OR OTHER INS	TITUTION GIVE RESIDENCE BEFORE	ADMISSION) 13d INSIDE CITY LIMITS?	12. STREET ADDRESS / 718 CODE	20911
	aryland PG	Silver	Spring NO	13e.STREET ADDRESS / ZIP CODE 10921 Inwood	Avenue
d in the second	ATHER'S NAME		15. MOTHER'S MAIDEN NAM		
2 1 1 /4/	FIRST MIDDLE	LAST	Julia Ped	WIDDIE	tAST
1/04	Luther Peden			ADDRESS	
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de de de rou	Conditions, if ony, which gave rise to immediate	(b) ( con (u)	Type of the	6.16.10	1 13
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thort thort roth	underlying couse last.	(c) Cornar	3 910000	31026	(3405
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ON OF  IYSICIA  Ging ph  ding ph  ding ph  Mental-t  Mental  DICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19		
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IVIS)	WHILE NOT WHILE AT WORK	one, other, the fort, office, th	1	1.	Do
	22a I certify that (1)(this hospital) after	nded the deceased from	11/2 19.06	to 11/13	that (I) (we) last
TTEND or USE for USE of Heal	saw the deceased alive on		and that in (aur) apinion of	leath occurred on the date and hour o	
A S OT - E	abaye, (1) we) (did not) view th	ne body ofter death.	DEGREE		
G = 5 5 5 =	0 10			MEDICAL STAFF	22c. DATE SIGNED
den den LTA	January 40	5000	PHYSICIAN P	DIRECTOR PHYSICIAN	11/13/06
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Q & Q & \$ \$ \frac{1}{2} \frac\	BURIAL, CREMATION, REMOVAL 236. D	ATE 23c N	AME OF CEMETERY OR CREMATORY	23d LOCATION	
	(SPECIFY)			ial Dark Land	lover, Maryland
	Burial No	v. 20 1986	Harmony Memor		
DHMH - 16 60M 7/B4	NAME /	1. Della	and less	REC'D. BY REGISTRAR 256. REGISTRA	AK 2 SIGNATURE
(VRA 15, 4) S1	tewart Koneral H	ome-4001 Be	nning Road, NE.	11111	

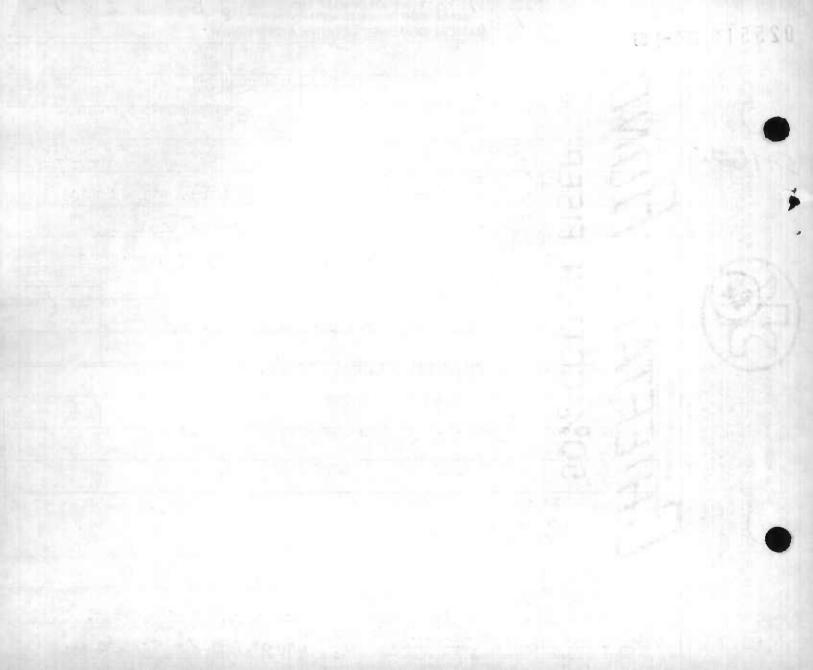
(VRA 15, 4)

025302 NOV	FOR SMATE BEGISTRAR	DEPAR	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	Size .
	I. DECEASED NAME FIRST	MIDDLE	LAST		DAY YEAR 2b. HOUR
of the	(TYPE OR PRINT)				
poge 3	Al <sub>v</sub>	in S.	Talman  5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	15 UNDER 1 YEAR   15 UNDER 24 HRS
office. 4 m	3.36	1	MONTH DAY YEAR		MONTHS DAYS HOURS MIN.
I Social Section of the section of t		10	8 24 04	TO X YRS.	
a 702 4 2	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OFDEATH
deot	Phila Pa.	1 USH	WIDOWED DIVORCED	Montgomery	MD.
in the second	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE	ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LIE	12b. KIND OF BUSINESS OR
S of	01ney	Montgomery Gen		Hechinger.	Salesman
212 A fin be f	USUAL RESIDENCE (IF NURSING HOME O	R OTHER INSTITUTION, GIVE RESIDENCE BEFO	RE ADMISSION)	13e.STREET ADDRESS / ZIP CODE	20900
MARYLAND 212D red within 24 hours ond 2 chould be fill exomine red, ber	Mal M.	saita Silver	Spring YES NO D	10921 In	
The thin The	A FATHER'S NAME	7/0 15 17 17 17	15. MOTHER'S MAIDEN NA	ME	
d wind ind ind ind ind ind ind ind ind ind	Harry	R. Talman	n Kate	. MIDDLE C .	Bauer
Con Con	160. WAS DECEASED EVER IN U.S. AI			ADDRESS	Daaci
BALTIMORE,  wed.  rages  wol.  it, ills medical		INE WAR OR DATES)		alman(Wife)Sam	e as 13E
				azman (wzze) bam	
	18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	nly one cause per line for (a), (b), o	and (c).)	a A	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST.,	IMMEDIA	TE CAUSE (o)	Resperatory	H.rrost.	
PRESTON ST., he death he attend in prove contract mation, or remaining over	19 19 2	DUE TO, OR AS A CONSEO	UENCE OF	( )	
EST dea atte ove itian	Conditions, if ony, which	( 1b) Pu	Imparing Ex	a bolen.	
the the emo	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEO	UENCE OF		
hat hat hat py crosse of crosse	underlying couse last	(c)			
res th npleo puriol, y, ar a		CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION GIV	EN IN PART 110
RDS	¿ Probable	intra	Dedomenal	alicoss	
Dony on y	4 190. DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES	, WERE FINDINGS USED
hos per	E 11186	Pelvice	allcess		YING CAUSES OF DEATH?
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low requirentending physicion. Therefore has been significant that this certificate hos been significant transit permit. Therefore hand Memor Hygene prior to the and Memor 18 shows ony injur arked or team 18 shows ony injur	190. DATE OF OPERATION  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM IB P	
DF V	OD CONTOURNED TO CAUSE OF DE				
ON OI YSICI ding F s cert burial- Menta	(IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19 211 LOCATION		
15101 PHY rtendi rt this the bu	WHILE NOT WHILE	(AT HOME STREET, FACTORY, OFFICE	FARM, ETC ) STREET	CITY OR TOWN	COUNTY STATE
	AT WORK AT WORK	to the second of the second of	10/26/86 19	10 11/24/86	10 4 4 4 4 4 4
END oloolool OR: A Heol		pital) attended the deceased from		death occurred on the date and hou	19, that (1) (we) lost
ATT ATT ATT A ATT A d for d for m 2 in		ot) view the body after death.	-0	acom occorred on the date and not	
OR he h	22b. SIGNATURE?	111	DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED
RAL dete	belleux 4.	Wantevan	PHYSICIAN	DIRECTOR PHYSICIAN	11/24/86
HOSPITAL ned by the FUNERAL side be defined by the State of the State	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS	2 21-11	1
	Hothur F	Woodwa	-d JA# 18/11 F.	rince Phile	D Dr. Oloves
of a special of the s	23a. BURIAL, CREMATION, REMOVA	L 23b. DATE 23e	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
BP	Burial	11/28/86	Arlington_Cemete		Penn.
DHMH - 16 60M 7/84	24 FUNERAL DIRECTOR		25n DA1	E REC'D. BY REGISTRAR 216. REGIST	RAR'S SIGNATURE -
(VRA 15, 4)	Hrnes/Mnalo	di 11800 News		25 1986 Julia L	coiden-Kendalk

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO DECENSED NAME 20. DATE KNOWN FAT OF ESTI-TARSHISH RABBI LOUIS 4. RACE 5 DATE OF BIRTH & AGE (IN YEARS | IF UNDER I TR. 3. SEX DATE MARCH 31, PRONOUNCED WHITE MALE DEAD 76. CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED NEW YORK COUNTY MONTGOMERY US DIVORCED 120 USUAL OCCUPATION (TYPE CAN ALLE KIND OF BUSINESS CITY OR TOWN OF DEATH I. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION HOLY CROSS HOSPITAL SILVER SPRING IOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADM. SIONI 13d INSIDERTY LIMITS? 2748 BRIGHTON 8th STREET 15 MOTHER'S MAIDEN NAME FATHER'S NAME MIDDLE CHAYA RUKASIN SHRAGA TARSHISH 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 2748 BRIGHTON 8th 091-22-5089 IDA (CHAYA) TARSHISH. 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). BROOKLYNENDHEWERYDR PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES [] NO F 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 216 INJURY OCCURRED TIE PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK 22a. I certify that I took charge of the remains described above, held on Autopsy and in my opinion Natural couses death resulted from: Suicide Homicide Undetermined monner ACTUAL SIGNATURE SEMINARY ROAD DR. JOHN S. ROGERS. EXAMINER'S NAME SPRING 23a.BURIAL, CREMATION, REMOVAL 23b. DATE ST. ALBANS BURTAL 11/27/1986 MONTEFIORE CEMETERY DONALDEM. STEIN HEBREWOLMEMORIAL FUNERAL HOME **DHMH** - 17 (VR A15 ME (5)) 232 CARROLL STREET. N. W. WASHINGTON, D. C



++	2.	I	tems,	18a,b.,	.&22a,1/	17/87 STA	TE OF A	ARYLAND AND MENTAL	HYCIE 8 6	3	26	90
025	55160	1-	STATE DY RECEITRAR	Med.Ex.		DICAL EXAMIN	IER'S	ERTIFICATE		REG. NO.		
0 2 0		1. DI	CEASED NAM	E FIRST		MIDDLE		LAST	20 DATE KN	NOWN FT MO	ONTH DAY	YEAR 26. HOUR
	Waldela	{TY	PE OR PRINT)	HAROL	D	E.	m 7	AYLOR	OF DEATH W	ESTI-		19 86 M
	A SEE SEE	3. SE	Х	4. RACE	S. DATE OF BIRTH	6. AGE (INY	EARS IF UN		ER 24 HRS. 2c. DATE	-	NTH DAY	YEAR 24 HOUR
	DIRECTOR P	1	Male	Black	Sept. 16	5,1956 30 V		AS DAYS HOURS	MIN. PRONOUNCE DEAD	D .	11 20	19 86 4:35 PM
-	SET A ESS		IRTHPLACE (S	TATE OR	76. CITIZEN OF W	HAT COUNTRY?	B MARR	ED NEVER MAR	RIED X 9 BALTIMO	RE CITY OR CO	DUNTY OF DE	EATH
	BARER	2	Maryla		US	SA	WIDOW	ED DIVOR		omery (		MD
-	STAN BE	7190	TTY OR TOWN	OF DEATH		SPITAL, NURSING HOM	E, OR OTH	ER INSTITUTION	12a USUAL OCCUPA FOR MOST OF WORKIN	TION (TYPE OF W	ORK 12b. KINI	D OF BUSINESS
54	1500000	12	Rockvil	le		rove Hospit	al		Chef	O the cy		s Inn
- 5	OSEAN S		AL RESIDENCE	(IF IN NURSING HOME O	OR OTHER INSTITUTION, G	13c. CITY OR TOWN	ION)	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS			
1 2	SEE SEE SEE	2	Md.	Howa		Simpsonvi	lle	YES NO		≥ #32	/ 201	44
4 9	ENERGY T	7 P4 F	ATHER'S NAM		MIDDLE			15. MOTHER'S MAIL				AST
. 3	\$10 £ 9 Z	20	FIRST	Robert E.		LAST		FIRST	Lulu Mae	_ 1	L	721
9	RASSING TO	16a.	WAS DECEASE	DEVER IN U.S. AR	MED FORCES?	16b. SOCIAL SECURI	IY NO.	17. INFORMANT		ADDRESS		
ALTI	A A CHE	L	YES, NO, OR UNKNO		etnam	212-64-65	47	Lulu Tay	lor (Mother)	same	as #13	
	250		18 CAUSE C	OF DEATH (Enter an	ly one cause per line	far (a), (b), ond (c).)					APP 8ETWI	PROXIMATE INTERVAL
N S	200 A		PARITO	EATH WAS CAUSEI	D BY: TE CAUSE (0)	Cardiac	Arrh	vthmia				
STO	C 25 6		171-6	1		AS A CONSEQUENCE						
2	PEN A PEN			ns, if any, which ise to immediate	(b)	Hypertro	phic	Cardiom	vonathy			
3	PASE NO		cause (a	) stoting the <u>under</u>		AS A CONSEQUENCE	OF		7 1 1 1 1 1 1 1			
20	SAME S		lying car	use last.	(c)							
RDS.	WAN BE	-	PART 2 DTHER 5	IGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TER	MINAL DISEAS	OR CONDITION GIVEN IN	PART 1 (a).			
00	HEALTH CRE	CERTIFICATION	10.0000									
AL.	HE HE HE	/ ≥	19a. DATE OF	OPERATION	19b. CONDI	TION FOR WHICH OPE	RATIONW	AS PERFORMED?			20 AL	UTOPSY?
VIT	385255	LE	41 51175711									ES NO
9	AEN MEN	5 5	UNDERLYING	AL CAUSE WAS	HOUR A.M	FINJURY A. MONTH DAY YEA		DW INJURY OCCURI	RED (ENTER NATURE OF INJUR	IN ITEM 18 PART 1	OR PART 2)	
ON	AR A STATE	7 3	CONTRIBUTI	NG CAUSE OF								
DIVISION OF VITAL	RETINGRED OF SERVICE OF PRESENTED OF SERVICE	MEDICAL	21d. INJURY O			OF INJURY (AT HOME, TORY, FARM, ETC.)		CATION	CITY OR TOWN		COUNTY	STATE
Ω	R: THIS CERTIFICATE SHOULD TE, WRITING THE WOAD THE REWARDED TO THE R: PAGE 3 SHOULD BE USED E: STATE DEPARTMENT OF HE D, 21201 REIOR TO BURLAL	1	AT WORK	NOT WHILE						District		
	ATE, TATE, ORW	14	220 I cert	ify that I took afform	Af the remains de	criend above Held on	Autop	sy X. Inspect	ian , Inquiry	ond in	my opinion	
	A SE		deoth result	red fram:	at comes .	Accident S	vicide	, Hamicide	· Undetermined mann	er ,		
	WITE ARY	- 3		1/1/	8 11	DE Man		TITLE (SPECIFY)				
	A SER	1	SIGNATURE	( John	4 /	1/000	M	D. Assistan	t_MEDICAL EXAMIN	FR S	SIGNED 11	L-21-86
	PEA SPENSE	7	EYAMINER'S	NAME Chass	les D. Ve	Van M.D.						1001
	TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WR PAGE & SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BAUTIMORE, MARYLAND, 2120				les P. Ko			ADDRESS.	Penn St.,	Baito.	, MD 2	21201
	202149	23a. i	SPECIFY)	TION, REMOVAL 2		23c. NAME OF CE	METERY O	R CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
07/84 25M	BP 589				L1-25-86	Ash Memo	rial	Cemetery	Sandy Sp	ring, M	iontg.	MD
25/41	DHMH - 17		UNERAL DIREC	. Snowder	ADDRES	246 N. Wash	ingto	n St. DATI	P 5 1986	25b REGISTRA	KS SIGNATU	RE
	(VR A15 ME (5))	G	eorge R	. Showder	1	wockville,		NOV.	25 1900 2	is Davida	-A-Bands	22.



3221 NOV	-7-	POR STATE REGISTRAR		DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	GIENE REG. NO.	la s	0 7 1
moy be poge 3 er death	1. DE	CEASED NAME FIRST OR PRINT) EVA	INS (EV	ANGELOS)		eoharis	20. DATE OF DEATH MONTH	2 86	
4 mor	3. SE	(	4 RACE		S. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAY	
recto	Ma		White		Sept	. 18, 1947	39 YRS		
P. P		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH	
de d		aryland	USA		WIDOWE	DIVORCED			MD
by the filled with		Takoma Park	(IF NOT IN SUI Wash	cheachity, give street ington Ad	venti	st Hospital	(TYPE OF WORK FOR MOST OF WORKING LIE Ret. Accountant	FE) INDUSTR	employed
fulled in bould be must be	13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COL		13c CITY OR TOW Silver S	N	134. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE 7909 Chicago Ave	E	20910
things 1 stell	14. FA	THER'S NAME	WIDDLE	TAST		15 MOTHER'S MAIDEN NA			
ample of the complete of the c		Athanasios		Theohar	is	Francis	3		logos
2 2 2		VAS DECEASED EVER IN U.S. A		16b. SOCIAL SECU		17 INFORMANT	ADDRESS		
n and Page		res, no or unknown) (if yes, g	VA A	214-52-3	046	Despina Urs	o-Sister- (same	as 13e	2)
ith certificate nating physici carbon poper, or remaval. notic event, th		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA	SED BY:	Respu	NCE OE		re	DA	OXIMATE INTERVAL EN ONSET AND DEATH
that the dec d by the otte lease remove ial, cremation or ather trour		Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, O			ria Nia	5924	Ve	PASS
equires in signe Then p r to bur injury,	TION		CONDITIONS C	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	ainal disease or condition giv		
The low rician.  te has bee sit permit. Sit permit.	CERTIFICATION	19a date of operation			OPERATIO	N WAS PERFORMED	YES NO YE	FYING CAUS	DINGS USED SES OF DEATH? NO [
PHYSICIAN: The probability of this certificate is deviced to the following the followi		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	EATH HOUR A	YAULAI TO M. MONTH DA Y.M.	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2	2)
affendinger this of the buller th	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY TREET, FACTORY, OFFICE, F	ARM, ETC.)	21f LOCATION STREET	CITY OR TOWN	COUNTY	STATE
ATTENDIN spital or CTOR: At far use of af Healt		22a.1 certify that (!) (this hasp saw the deceased alive a above, (!) (we) (did) (sid n				nd that in (hy) our) opinion	death occurred on the date and hou	19 or and from t	_, that (I) (we) last he causes stated
ITAL OR A by the hosy the hosy the hosy the hosy detached state Dept. If them		22b. SIGNATURI	en ge	eruns	\	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF  TORRECTOR PHYSICIAN	22c. DA	TE SIGNED
TO HOSPITAL Of The February of the Spiral Day the Should be detected with the Store DIMPORTANT: H		DR. ROBEI	RT GERWI			<del></del>	ER PKWY GREENBELT	, MD.	20770
		URIAL, CREMATION, REMOVA				EMETERY OR CREMATORY	23d. LOCATION  CITY OR TOWN	COUNTY	STATE
BP		Burial	11-6-		te of	Heaven Cemet	ery Silver Sprin	g, Mon	tgomery M
DHMH - 16 60M 7/B4 (VRA 15, 4)		neral director nes/Rinaldi Fun	neral Ho	11800 ime Silver		ave.,	N - 5 1986 Lulia		n. Randace

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		1	FOR		-	S DEPARTMENT (		MARYLAN		C 44-	3 2	0 4 0
001			STATE			DICAL EXAM				SEATH		
024	5 / U NOV :		REGISTRAR CEASED NAME	FIRST	7412	MIDDLE	IIVEK 3	LAST	ATE OF L	20. DATE KNOW	G. NO.	DAY YEAR 26, HOUR
	war and	(TYP	E OR PRINT)		and i	Mars	CT.	hoi ere are		OF ESTI		
	LEAS TOPE PILES PEET	3. SE)	<	Fran	5. DATE OF BIRTH	May 6. AGE (	N YEARS IF U	rigger	IF UNDER 24 H		WONIH TI-	8 19 86 M
	CESSARY, PLEASE LERAL DIRECTOR. OR YOUR FILES. THIN 72 HOURS PRETTON STREET,		male	White	Feb. 9,	1920 66	YRS.		HOURS MIN	PRONOUNCED DEAD	11-	8 19 86 11:15 p. m
	FUNERAL I	FC	RTHPLACE (ST		7b. CITIZEN OF WE		8. MARE	RIED TO NEV	ER MARRIED	9. BALTIMORE C	ITY OR COUNT	Y OF DEATH
		4	Taryland		U.S.A.			WED 🗆	DIVORCED	□ Montgo	omery Co	
	FAGE STEED	F	ockvill	.e	Key We	PITAL, NURSING HO CHITY, GIVE STREET ADDRE St & Shad	y Grov			USUAL OCCUPATION FOR MOST OF WORKING LIFE	(E)	OR INDUSTRY U.S. Gov't.
MD. 21201	F ANY DELAY IS NE AND 3 TO THE FUN PAGE 5 FOUND BEFRIED RECENSION FOR SALES OF THE FUNCTION OF	13a. S		nd 13b COU	e or other institution, Giv INTY ntgomery	134. CITY OR TOW	N	13d. INSIDE CIT	Y LIMITS? 13e	STREET ADDRESS 307 Ridge F	Rd. PO 4	46 20877
9	- NO OK	14. F/	ATHER'S NAME		WIDDLE	Lies		15. MOTHER	S'S MAIDEN N			20 20011
RE, 1	DEATH PAN		Earl		M.	Broadhu	rst	He	len	Mae		Bosley
BALTIMORE,	A PAR	16a. V	VAS DECEASED	EVER IN U.S. A	RMED FORCES? VE WAR OR DATES)	166 SOCIAL SECU		Alice		Gaither Hinkle 316 H		d. 20877
	THOURS A HOURS A HOURS WITH PERMIT. PARENT. PARENT. WALL	7	18. CAUSE OF PARTIDE.	ATH WAS CAUS	ATE CAUSE (a)	far (o), (b), and (c). Multiple AS A CONSEQUEN	Injur	ies				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
RECORDS, 201 W. PRESTON ST	PENCIL IN		gove ris	s, if ony, whice to immedia stoting the under	th (b)	AS A CONSEQUEN						
RDS, 20	EXECUTIONS IN THE A BUT HAND HAND				(c)	BUT NOT RELATED TO THE	TERMINAL DISEA	SE OR CONDITION	GIVEN IN PART 1 10	0.		
0	PENDIN PENDIN FF MEDIC FD AS A 8 HEALTH,	ě	10 0 175 05	0050 4 710 4								
VITAL	CATE SHOULD HE WORD "PINE CHIEF I THE CHIE	CERTIFICATION	19a. DATE OF		100	ION FOR WHICH C		VAS PERFORM	AED?			20 AUTOPSY?
DIVISION OF VITAL	E-0000		210 EXTERNA UNDERLYING CONTRIBUTION	L CAUSE WAS ION IG   CAUSE OF	F DEATH 11: 00p.m.	injury Kmonth day y 11–8 19	21c. H 86 dr			nter nature of injury in i		T 2)
VISIA	PESSE E	MEDICAL	21d. INJURY O		STREET CACT	OF INJURY (AT HOM	211 LC	CATION				
٥	E, WRITE RWARDI PAGE: STATE	2	WHILE AT WORK	NOT WHILE AT WORK		oad	K∈	y West	& Shad	dy Grove Re	d,.Rockv	ville, Mont-
•	ERTIFICATE TERTIFICATE TO BE FOR		22a   certif death resulte ACTUAL SIGNATURE	1	orge of the represent description	aribed obove, held o		TITLE (SPI	Inspection U	, Inquiry , ondetermined monner	gomery C DATE SIGNED	Co., Md.
	TO MEDICAL E EXECUTE THE PAGE 4 SHOU TO FUNERAL AFTER DEATH, BALLIMORE, M		EXAMINER'S IN	17	Dennis F. S			ADDRESS		nn St., Ba	lto., Mo	1. 21201
	<b>₩</b> ₩₩₩	23 a. B	Burial	ION, REMOVAL		23c. NAME OF				LOCATION CITY OR TOWN	COUNT	TY STATE
07/84 25M	BP	74 FI	DUTIAL INFRAL DIRECT	OR	11/14/86	Rock	VIIIe C	Cemet e		Rockville		
	DHMH - 17 (VR A15 ME (S))		NAME TVS 13'3	on Whee Rockvi	eler Funera Ille Pike, Ro	l Home, I	nc. Id. 208		NOV	1 9 1986	1 "	don Pondage

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03.77.9

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 16 STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2g. DATE OF DEATH MONTH 2b. HOUR VPE CORPRESION G. TUCKER 12:35PN NOVEMBER 10 1986 LOUIS & AGE (IN YEARS LAST BIRTHDAY) 4. RACE 5 DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HR MONTH YEAR Male Caucasian May 12 BIRTHPLACE L'ATE OR FOREIGN TE CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED washington. DIVORCED XX WIDOWED Montgomeru 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 712 Dennis Avenue Silver Spring Brick Layer 13e.STREET ADDRESS / ZIP CODE 13d INSIDE CITY HAITS? Silver Spring 712 Dennis Avenue aruland Montgomery 20901 E FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Louis Gertrude Hamilton ADDRESS 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16h SOCIAL SECURITY NO (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 218-24-0353 Gertrude M. Tucker, Mother Same as 13 No APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY: 6-mos. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Melapoma Canditians, if any, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 INE DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [ NO [ 710. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIE EITHER NOTIFY MEDICAL EXAMINER PM 19 214. INJURY OCCURRED 21f. LOCATION 21e PLACE OF INJURY CITY OF TOWN COUNTY STATE AT HOME STREET, FACTORY OFFICE, FARM ETC. NOT WHILE 22a I certify that (1) (this hospital) attended the deceased fram. \_19.866\_\_\_\_, and that in (my) (our) apinian death accurred an the date and haur and fram the causes stated saw the deceased alive an. ubove (I war and did nat) view the bady after death 375 SARMATHRE EGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS Lennard Gold, M.D. 18630 Fenton Street, Silver Spring Maruland 230. BURIAL CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23h DATE 23d LOCATION Burial Nov. 13. 1986 Colesville Cemetery Colesville Montgomery Md Francis J. Collins Jr. DHMH - 16 60M 7/84 "ia Dividson Randors University Blvd. W. Silver Spring. Md. (VRA 15, 4)

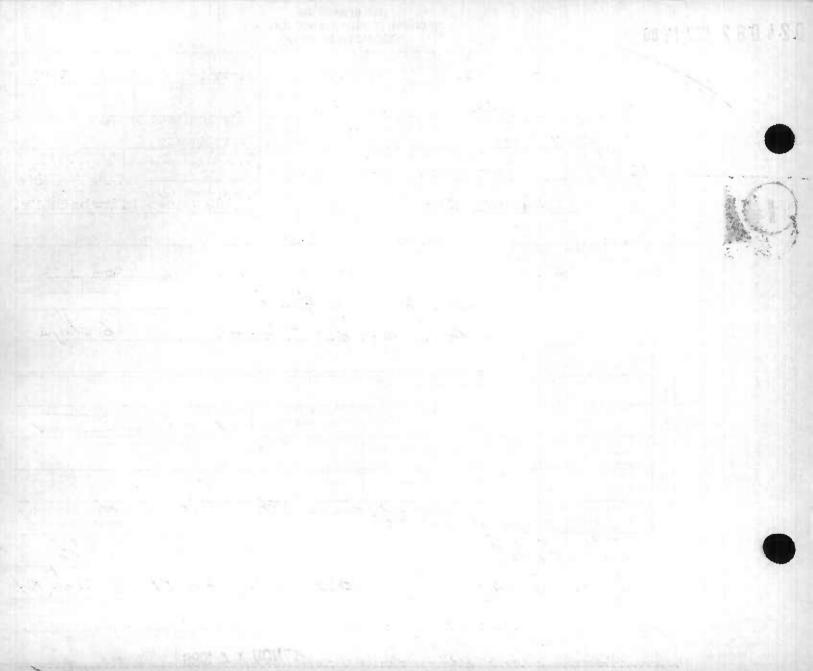
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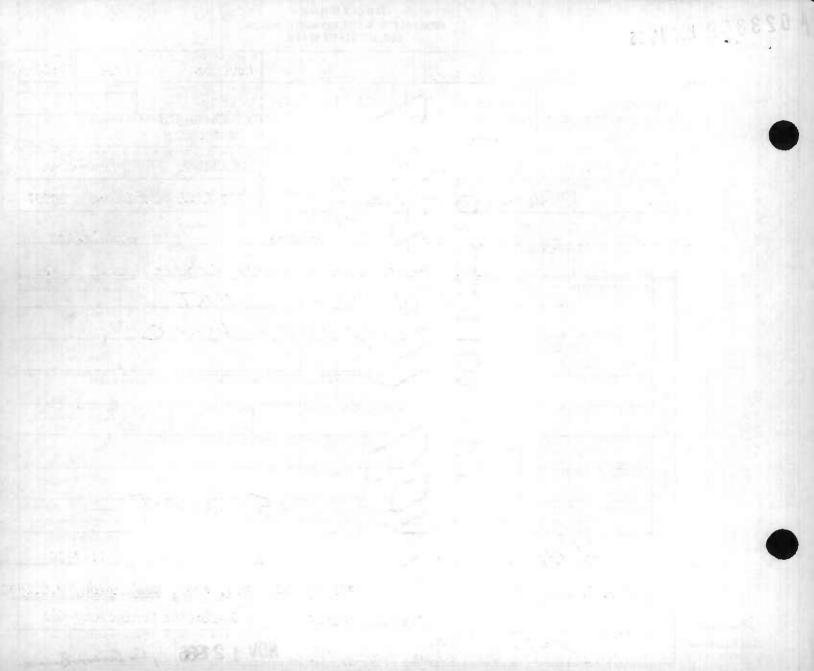
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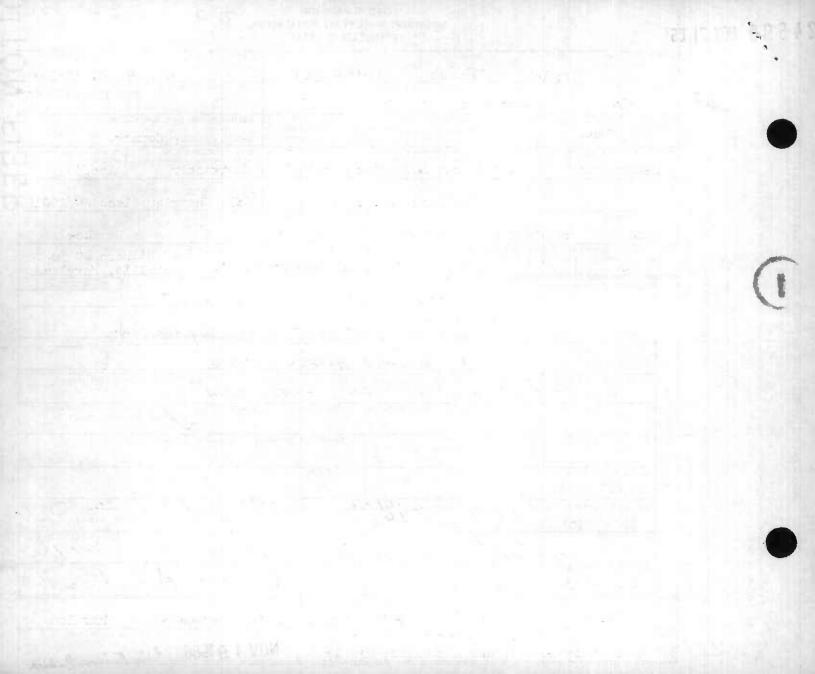
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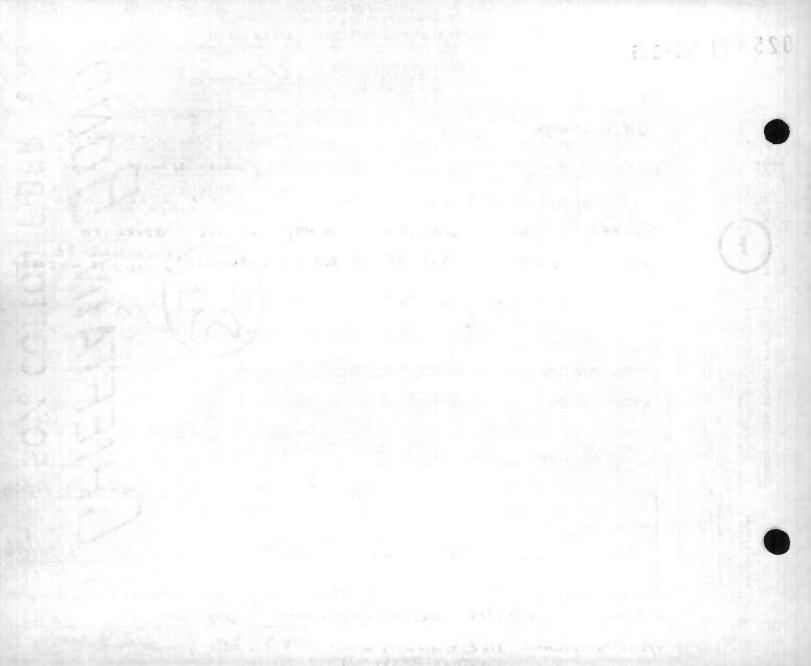
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ATTE	CTO I for af t		saw the deceased alive obove (1) (we) (did) (d	ve on lid no	) view the body	after death.	78.6.c	nd that in (m	ny) (our) opinion	death occurred o	n the date and ho	ur and from th	e couses stated
o Po	Check Check Dept Herr		226. SIGNATURE			>		DEGREE	ATTENIONIO	MEDICAL	STAFF	22c. DAT	TE SIGNED
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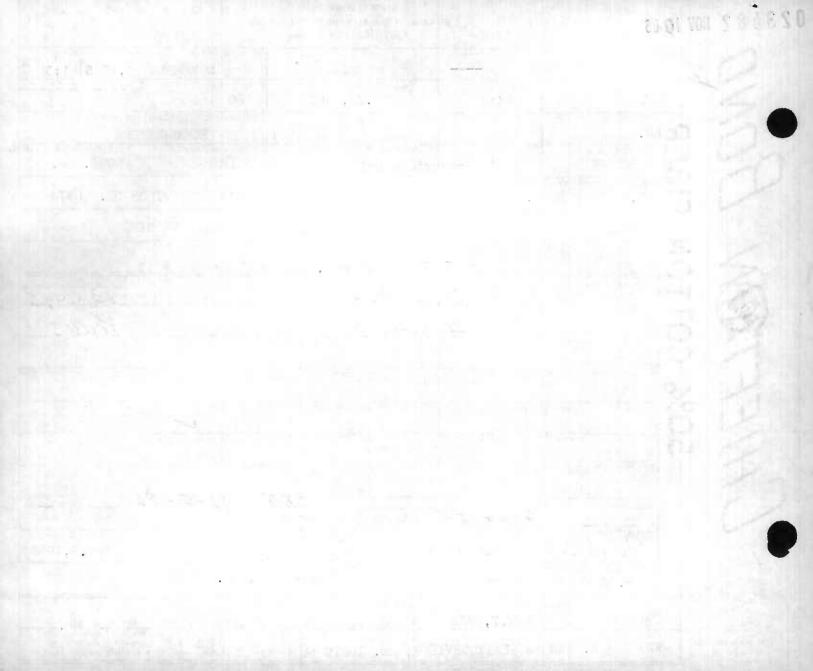
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s offer d		TY OR TOWN OF DEAT	Н		HOSPITAL, NURSIN CHEACHITY, GIVE STREET Greenri		or other institution		UAL OCCUPATION LESMAN	MONT.	CO.
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TO HOSPITAL OF ATTENDED BY TO FUNE ALL DIRECTOR should be directed for a with the Store Dept. of H. IMPORTANT.		saw the deceased obove, (1) (wethdic 22b, STQNATURE 22b Physician's NAA Dr. Jack	Left ME (TYPE OF	UCCUPRINT)	y after death	- 71	DEGREE ATTENDING PHYSICIAN	MEDINEC	ICAL STAFF TOR PHYSICIAN  Md. 20877	22c DATE	
BP	1	BURIAL, CREMATION, RI (SPECIFY) BURIAL	EMOVAL	NOV.7			CEMETERY OR CREMATO	RY	LOCATION CITY OR TOWN  VELSVILLE BY REGISTRAPISS PEGL	COUNTY	STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

FRANCIS H. BARBER LAYTONSVILLE, MD. 20879

Julia Dividson Rendall



250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/B4 (VRA 15, 4) 24 FUNERAL DIRECTOR

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oge 4 mo rector po urs after (		MAle	4 RACF WHITE	5 DATE OF BIRTH  MONTH  DAY  YEAR  OF	6 AGE (IN YEARS LAST BIRTHDAY)	
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Bb TO HUN	23a B	LORETO URIAL CREMATION, REMOVA REFAL	S-ALB/6 1797/9/1986 18	PZ 6/2/ M NAME OF CEMETERY OF CREMATORY ING DAVID MEMORIAL	GARDEN OR FALLS	CHURCH, VIRGINIA
DHMH - 16 60M 7 / 84 (VRA 15, 4)	24 FU DC 22	NALD M. STEIN	HEBREW MEMORIAL	FUNERAL HOME NOV	TE REC'D BY REGISTRAR 256 REC	GISTRAR'S SIGNATURE

024896 \*\* 15.5 Your probable X 

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REG. NO DECEASED NAME 2a DATE OF DEATH 26. HOUR (TYPE OR PRINT) 4 RACE IF UNDER 24 HRS Sept. 24, 1897 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED New York Montgomery USA DIVORCED T ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h, KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
HOLY Cross Hospital (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Silver Spring Owner (Ret. Retail 13e.STREET ADDRESS / ZIP CODE 1401 Blair Mill Rd. 20910 Montgomery 13d. INSIDE CITY LIMITS? Maryland 15. MOTHER'S MAIDEN NAME MIDDLE Weil Bernard Esther Berliner Sitter Spring, Md. 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17. INFORMANT 054-10-0560 Mary Weil; 1401 Blair Mill Rd. 20910 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c).)
PART I. DEATH WAS CAUSED BY: houle andloapuic IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF A Prest Conditions, if ony, which gove rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21e PLACE OF INJURY 21f LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC ) CITY OR TOWN COUNTY NOT WHILE 220.1 certify that (1) this haspital) attended the deceased fro and that is (my) our) apinian death accurred on the date and haur and fram the causes stated DEGREE 22c. DATE SIGNED 11-23-1986 DIRECTOR PHYSICIAN should be a with the Sta 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS 23c. NAME OF CEMETERY OR CREMATOR 23a. BURIAL, CREMATION, REMOVAL 23d. LOCATION Falls Church, Virginia 11-26-1986 King David Mem Gdn. Burial Rockville, Maryland 25 VE VRE TO BY REGISTRAR 256 DEGISTRAR'S SIGNAL DHMH - 16 60M 7/84 Danzansky-Goldberg Chapels; 1170 Rockville Pike (VRA 15, 4)

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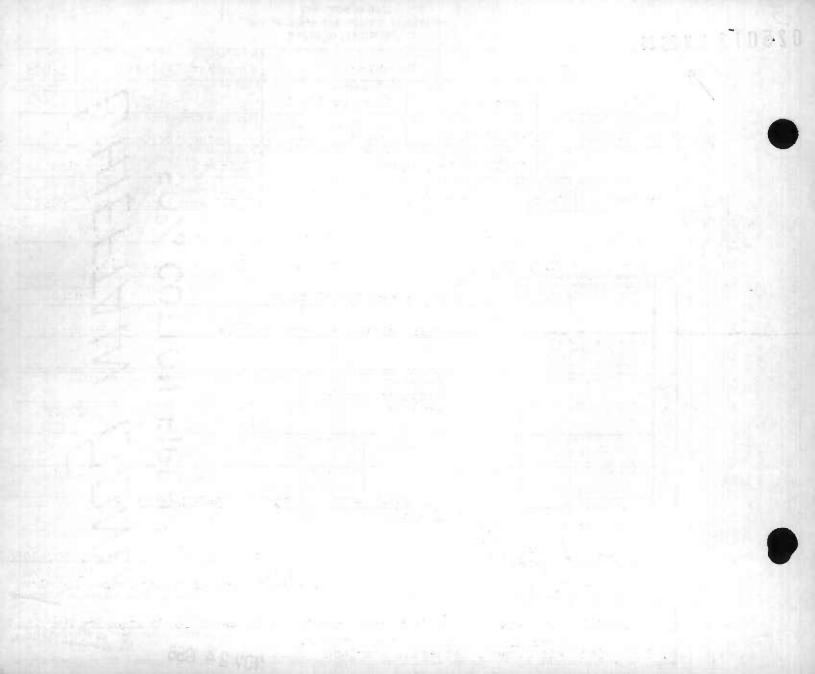
## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REG. NO MIDDLE 20 DATE OF DEATH MONTH 2b. HOUR DECEASED NAME (TYPE OR PRINT) November 19,1986 Ralph D. Wennblom 8:00pm 6. AGE (IN YEARS LAST BIRTHDAY) 4 RACE 5 DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX February 17, 1922 Male Caucasian 64 IN BIRTHPLACE I STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED A NEVER MARRIED United States South Dakota WIDOWED . DIVORCED | Montgomery County, IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR 11714 Farmland Drive TYPE OF WORK FOR MOST OF WORKING LIFE! Editor Magazine Rockville USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS / ZIP CODE 13. CITY OR TOWN 13d. INSIDE CITY LIMITS? Montgomery Maryland Rockville 11714 Farmland Drive/ 20852 NO T 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Wennblom Asper Robert Lenora ADDRESS 166 SOCIAL SECURITY NO. 17 INFORMANT (Wife) 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN)
Yes (IF YES, GIVE WAR OR DATES)
W. W. II 503 14 2330 Audrey R. Wennblom Same as # 13. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I, DEATH WAS CAUSED BY: Ventricular Fibrulation Minutes IMMEDIATE CAUSE (a) DUF TO OR AS A CONSEQUENCE OF Arteriosclerotic Heart Disease 20 years Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION Mvasthenio Gravis 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOX NO [ 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 210 ACCIDENT WAS UNDERLYING 21h TIME OF INIURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this bosonal) attended the deceased from October 1983, to November 20, 1986, that (1) XXI opinion death accurred on the date and hour and from the causes stated above, (1) (XXIXIX (did not) view the body after death. 22h SIGNATURE DEGREE 22¢ DATE SIGNED ATTENDING MEDICAL PHYSICIAN TO DIRECTOR PHYSICIAN Nov. 20. 1986 22e. ADDRESS 20815 #505 5530 Wisconsin Avenue Chevy Chase, Maryland Jack P. Segal, M.D. 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION (SPECIFY) Nov. 22. 1986 Parklawn Memorial Park Rockville Montgomery Maryland Burial 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Robert A. Pumphrey Euneral Homes, P.

7557 Wisconsin Avenue, Bethesda, Maryland

DHMH - 16 60M 7/B4 (VRA 15, 4)



death

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TENDING PHYSICIAN, The low

TO HOSPITAL retained by

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DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the otherdaring physicilin-should be detached for use on the bursile information milk Then please remove continued appears in with the State Destrict at Health sind Meson Hyperer prior to buriol, cremitation or responsible MPORTANT: If hem 21 is marked as them. (8 states only injury, or other traumatic event the in-

## STATE OF MARYLAND

	1 -	STATE REGISTRAR			DEFARI		ICATE OF DEATH	HIGIE	REG. NO	D.			
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7	佳	×86		4. RACE		5. DATE C		6	AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER 1 YEAR	IF UNDER 2	1 HRS
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2	CERTIFICATION	190 DATE OF OPE	ERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED		200 AUTOPSY?		, WERE FINDIN YING CAUSES S		
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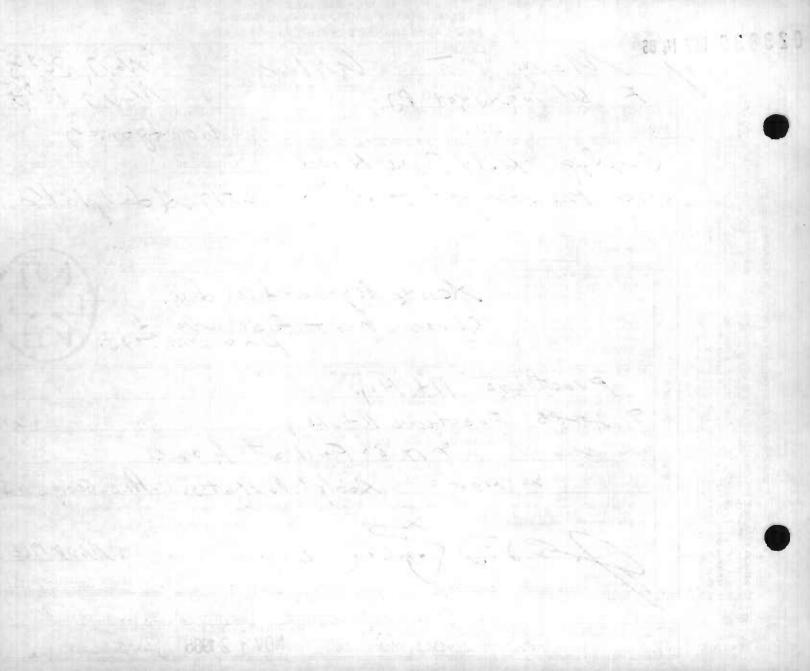
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- 3	3636		18. CAUSE OF DEATH (Enter only of PART I DEATH WAS CAUSED B	ne cause per line far (a), (b	), and (c).)			APPROXIMATE INTERVAL
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	DHMH - 17		RANCIS H. BARBER	TAVIORESSCRITTET	T MD 200	250 NO FRE	CAD BY AGGISTEAR 256 REG	ISTRAN'S SIGNATURE
	(VR A15 ME (5))	I.	MANUEL II. DARDER	THI TONO ATPL	E, MD. 2087	9		

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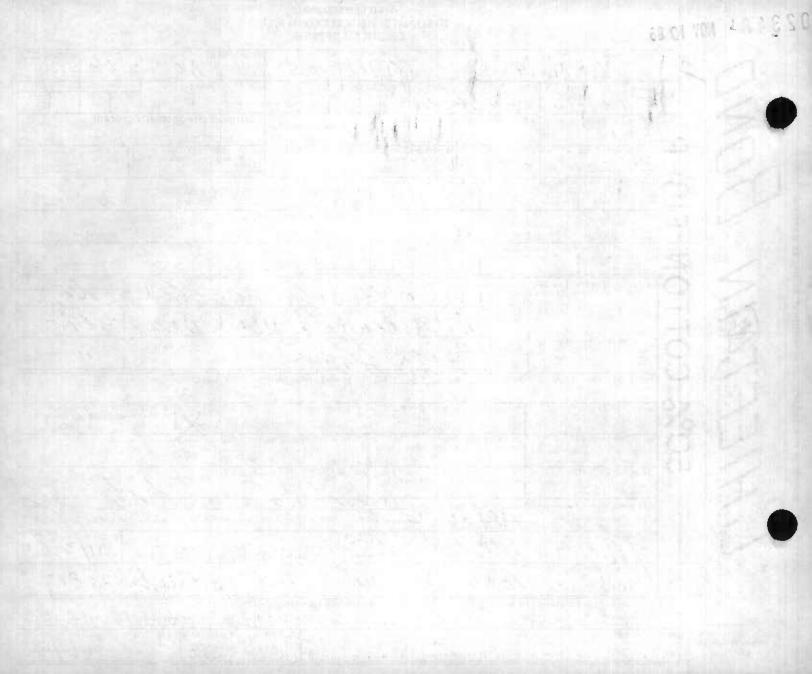
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lan equires that the de los en signed by the at mercin. Then please remov ce prior to burial, crematic we are injury, or other tra	DIABETE ING DATE OF OPERATION	DUE TO, OR AS A CONSEO (c)  ANT CONDITIONS CONTRIBUTING TO  S  O  D  D  C  V	UENSTIDE BOT OF LATED TO THE TERM OF LATED TO THE T	MANAL DISEASE OR CONDITION OF THE PROPERTY OF	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
D PressClan The Hending physical pressure that certificate the buriotramit ond Membi Property of the 18 April 19 April 1	A SORE OF STREET	OF DEATH HOUR A.M. MONTH P.M. 21e. PLACE OF PUJURY	DAY YEAR 19 2H LOCATION	RRED (Entres HATURE OF HUMBY IN 150M II	PER NO COUNTY STATE
PITAL OR ATTENDEN by the hospital or casa. DisECTOR with or detected for use or State Dept. of Health and: If here 21 is mort	22x.1 certify that the other	hospital) attended the decreased from	DEGREE ATTENDING	death occurred on the date and h	19 6, this (D(we) lost pur and from the garden stored
TO HOSFIT TO FUNES though be of Lift the St.	DONA C	DVAL 23b. DATE 23c		1/3d LOCATION	332.
BP	Burial		Mt Pisgah Cemetery	Glenville, We	est Virainia
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FUNERAL DIRECTOR	eral Home, Laurels,	25a. DA	TE REC'D. BY REGISTRAR 25b REGI	STRAR'S SIGNATURE

STATE OF MARYLAND 1 - STATE REGISTRAR REG. NO DE SED NAME THELMA 20 DATE KNOWN MONTH OF ESTI-DATE OF BIRTH 2c. DATE PRONOUNCED DEAD TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRYS MARRIED NEVER MARRIED U.S.A. Texas WIDOWED [ DIVORCED Homemaker Own Home 20782 13c CITY OF TOWN CITY LIMITS? 13e STREET ADDRESS Couniversity Park YES LAST Stella Hubbard Charles Wiler 17. INFORMANT 310 North OxPOFE St., #4 166 SOCIAL SECURITY NO Robert B. McCullum, Arlington, Va. 22203 453-10-3729 DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (o) stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 20 AUTOPSY? YES 🔲 CONTRIBUTING PAUSE OF DEATH WHILE AT WORK 220. I certify that I took charge of the remains described above, held an Notural causes Hamicide \_\_\_ Undetermined manner TITLE (SPECIFY) MEDICAL EXAMINER John S. Roger ADDRESS 1919 Seminary Rd. Silver Spring, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 11-10-86 Ft. Lincoln Cemetery Burial Brentwood, P.G., Maryland 07/84 25M FRANCISEGASCH'S SONS FUNERAL HOME, P.A. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATUR **DHMH - 17** 4739 Baltimore Ave., Hyattsville, Maryland Lia Devideon Randale (VR A15 ME (5))



2010		FOR	DEB	STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL H	VCIENT LA	W 25 1 3
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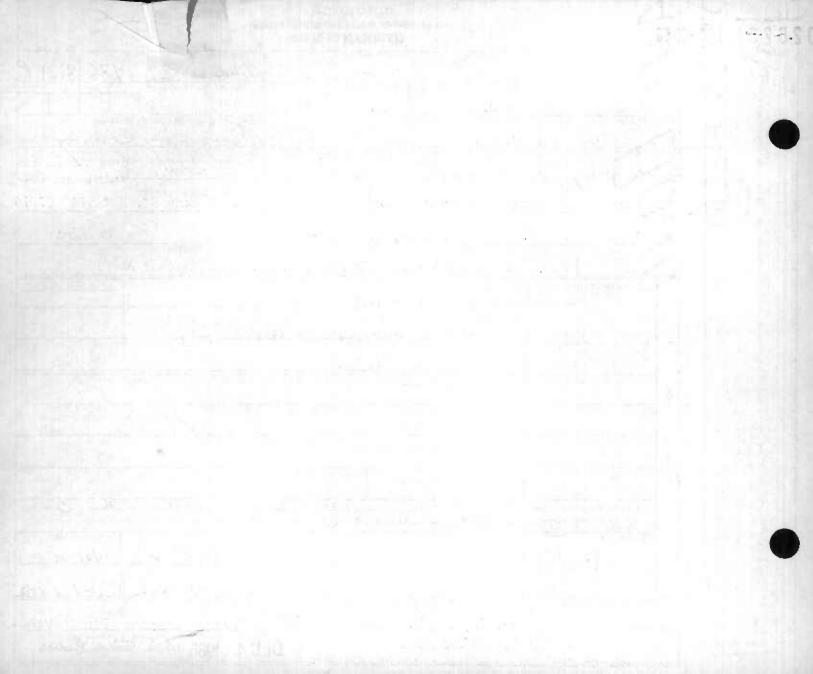


DEPARTMENT OF HEALTH AND MENTAL HYGIE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO DECEASED NAME 20 DATE KNOWN MONTH L'TYPE CR. PRINTI OF 00 1986 ADFILEINE D. DEATH MATED ODDDF. L F M 4 RACE DAY AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS DATE 11:30 LAST BIRTHDAY) RONOUNCED DEAD AM H BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Kentucky United States County WIDOWED DIVORCED MODICOMERY 10. CITY OR TOWN OF DEATH OR INDUDEDT. Administrative Officer Bethesda 10300 Farnham Drive Treasury SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION BALTIMORE, MD. 21201 10300 Farnham Drive/20814 13d. INSIDE CITY LIMITS?
YES NO TO N Maryland Montgomery Bethesda 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE John Nelle Duncan Howe 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT 3606 Calvend Lane (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) no 421-26-7946 Sara M. Coe Kensington, MD 20895 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY: arrest IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF autemosclerasis. Canditions, if any, which COLONAL gave rise to immediate DIVISION OF VITAL RECORDS, 201 W. cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 19g DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [ NO X 0 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (ATHOME. 21d INJURY OCCURRED 211. LOCATION STREET, FACTORY, FARM, ETC. STREET CITY OR TOWN COUNTY STATE WHILE AT WORK TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAGI PERHY, WITH THE STATE BALLWARE, MARYLAND, 2120 220. I certify that I taak charge of the remains described above, held an Autopsy Inspection and in my apinian Undetermined manner Natural causes Accident Suicide Hamicide TITLE (SPECIF SIGNATURE EXAMINER'S NAME (0) (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Nov. STATE Burial 1986 Parklawn Mem. Park Rockville. 07/84 Maryland 25M 74 FUNERAL DIRECTOR ROBERT A. Pumphrey Funeral Homes 7557 Wisconsin Ave. Bethesda, MD 20814 PA **DHMH - 17** (VR A15 ME (5))

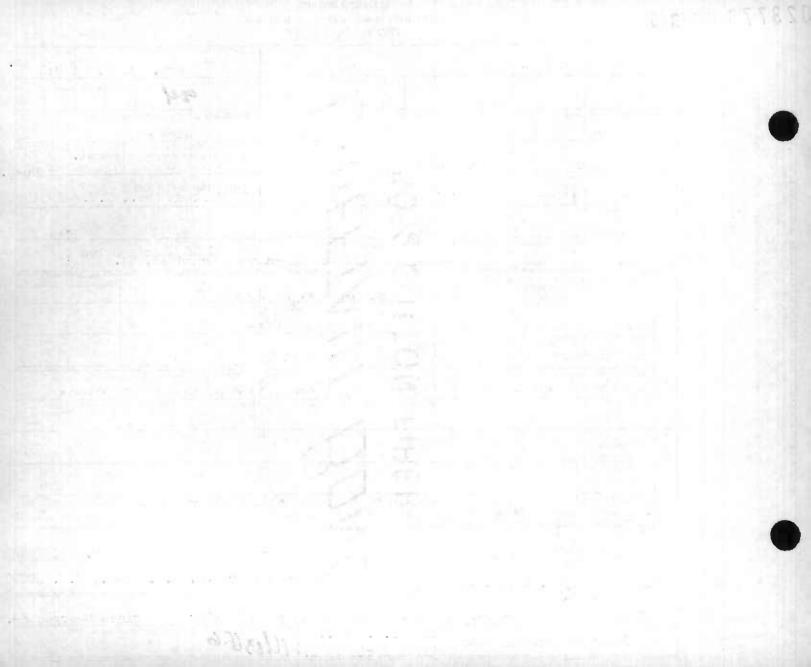
STATE OF MARYLAND

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME LAST 20 DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) CHARLES DAVIS WOODWARD 1986 NOVEMBER 10. 3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTH YEAR MALE WHITE MARCH 6 1925 TO BIRTHPLACE ISTATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED COUNTRY **GEORGIA IJSA** WIDOWED DIVORCED MONTGOMERY COUNTY 10 CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Life Insurance (TYPE OF WORK FOR MOST OF WORKING LIFE) BETHESDA Salesman NIH, THE CLINICAL CENTER USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) N36. COUNTY 13c. CITY OR TOWN 134 INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE **GEORGTA** ATLANTA YES T NO [ 84 ABERNATHY RD 30328 N.W. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE FRANK WOODWARD EVA HALE WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT (IF YES, GIVE WAR OR DATES) YES 1943-1945 259-09-6440 MRS. JERRIE WOODWARD (WIFE) SAME AS PATIENT APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), 1 PART I. DEATH WAS CAUSED BY SEPSIS IMMEDIATE CAUSE (o)\_\_\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which STROKE gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse WELL DIFFERENTIATED LYMPHOCYTIC LYMPHOMA PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION 9g. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO I 71n ACCIDENT WAS UNDERLYING T 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH WEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 21L LOCATION CITY OF TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC 1 STREET STATE 22a. I certify that & (this hospital) attended the deceased from SEPTEMBER 24 . 19\_86 to NOVEMBER 10 10 86 sow the deceosed olive on NOVEMBER 10 obove, X (we) (did) (XXXXI) view the body ofter death. 19\_86 , and that in (our) opinion death accurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OF PRINT) 22e. ADDRESS NATIONAL INSTITUTES OF HEALTH, 9000 + ROCKVILLE PIKE, BETHESDA, MD 20892 230 BURIAL CREMATION, REMOVAL 23h DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Buria1 11/13/86 Arlington Cemetery Fulton Co., Georgia 24 FUNERAL DIRECTOR! 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 1102 W. Broad St. DHMH - 16 60M 7/84 Murphy Funeral Home (VRA 15, 4) Falls Church, Va.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME MIDDLE 2a. DATE OF DEATH 26 HOUR TYPE OR PRIN Wotring. Ir. Page 3. SEX 4 RACE AGE LIN YEARS LAST BIRTHDAY IF UNDER I YEAR IF UNDER 24 HRS MONTH 1923 Male Dec. Caucasian 70 BIRTHPLACE ISTATE OF FOREIGN TO CITIZEN OF WHAT COUNTRY? BALJIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED U.S.A. Virginia WIDOWED DIVORCED ontgomery Blocks ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF RE TYPE OF WORKER MOST OF WORKER Lawyers Accountant nsutance USUAL RESIDENCE (IF NURS 13b. COUNTY 130 STREET ADDRESS / ZIP CODE 1001 Spring St. 13d INSIDE CITY LIMITS? Maryland Silver Spring Apt 916 20910 Montaomeru 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE Watkins R. Wotring, Sr Page Agnes 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 16h SOCIAL SECURITY NO 17 INFORMANT W.W. 234-32-8540 Irene B. Wotring wife same as #13 ues APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: 050,00 IMMEDIATE CAUSE (0), DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause Responders PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 116 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOV YES [ NO I 710 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET NOT WHILE 11/22 22s. I certify that (I) (this haspital) attended the deceased from saw the deceased alive a (//24/
abave(III (we) (did) (did not) view the bady after death 19 22 , and that in (m) (aur) opinion death accurred on the date and hour and from the causes stated 22h SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS th the 231. NAME OF CEMETERY OR CREMATORY CEMETERY OF CEMETERY OR CREMATORY OF CEMETERY OR CREMATORY OR CREMATORY OR CREMATORY OR CREMATORY OF CEMETERY OR CREMATORY OR CREMAT 0 230. BURIAL CREMATION, REMOVAL 23b. DATE 23d LOCATION (SPECIFY) Burial Ponnsylvania Moosic LIZOTINO 250. DATE REC'D. BY REGISTRAR 255, REGISTRAR'S SIGNATURE 4 FUNERAL DIRECTOR Francis J. Collinsones Jr. DHMH - 16 60M 7/84 Julia Dividson Randall (VRA 15, 4) ersity Blud West Silver Spring



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 20 DATE OF DEATH MONTH DECEASED NAME 7h. HOUR Anna L. Young 11/03/86 & AGE (IN YEARS LAST BIRTHOAY) DATE OF BIRTH YEAR DAYS Female 05/08/28 Caucasion BALTIMORE CITY OR COUNTY OF DEATH THE HISTHALLE MATE OF FOREIGN MARRIED NEVER MARRIED U.S.A. New York Montgomery
120. USUAL OCCUPATION ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Retired Bookkeeper Lohman's Bethesda Suburban Hospital 13e.STREET ADDRESS / ZIP CODE 1128 Parrish Drive 20851 130 STATE 136 COUNTY YES K Montgomery Rockville. IL FATHER'S NAME 15 MOTHER'S MAIDEN NAME Nasto Carmella Panariello Peter ADDRESS 17 INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. (IF YES GIVE WAR OR DATES) 108-20-9391 S. J. Young (Husband) same as 13e APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c) ARRES PART I. DEATH WAS CAUSED BY Canditions, if any, which gove rise to immediate couse (o), stating the underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [ 71a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21e. PLACE OF INJURY 21f LOCATION CITY OR TOWN AT HOME STREET FACTORY OFFICE FARM ETC ) NOT WHILE 220 I certify that (1) (this haspital) attended the deceased from saw the deceased alive an ond that in (my) (our) opinian death occurred on the date and hour and from the causes stated 276. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL VDIRECTOR PHYSICIAN PHYSICIAN 224. PHYSICIAN'S NAME (TYPE OR PRINT) 22e, ADDRESS ackness M MONTAKHAB 2085 231. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 11/7/86 Burial Parklawn Memorial Park Rockville, Maryland 24 FUNERAL DIRECTOR Tyson Wheeler Funeral Home, Inc. DHMH - 16 60M 7/84 1331 Rockville Pike, Rockville, Md. 20852 (VRA 15, 4)

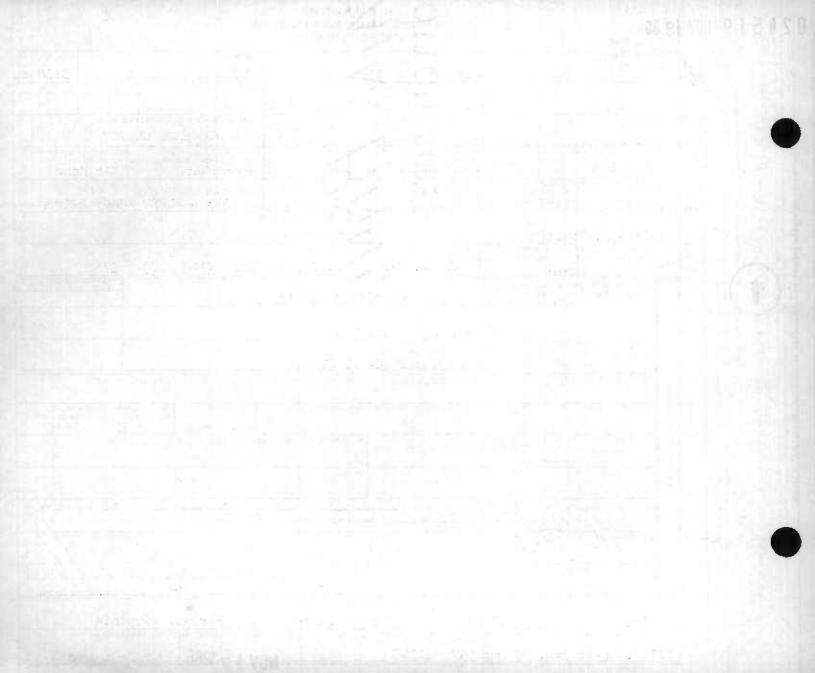
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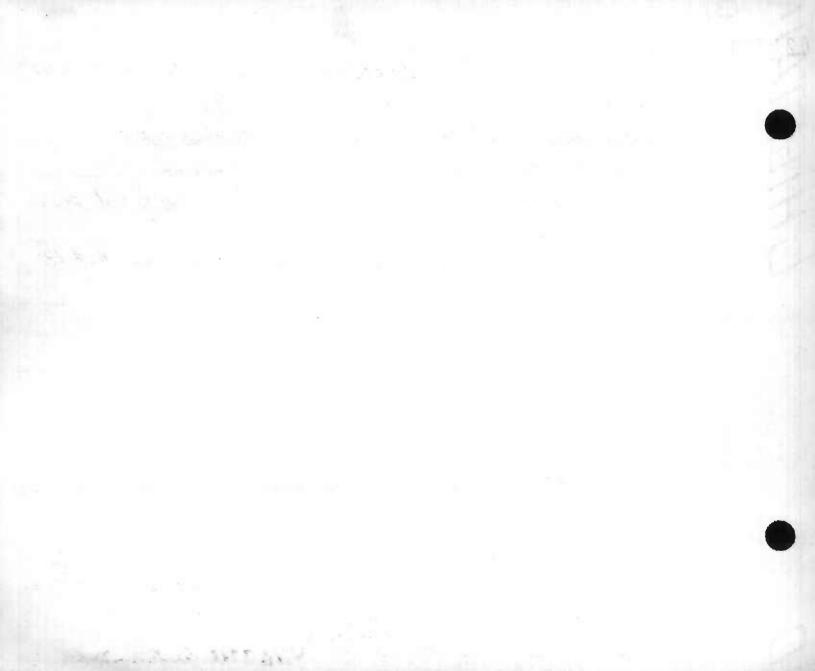
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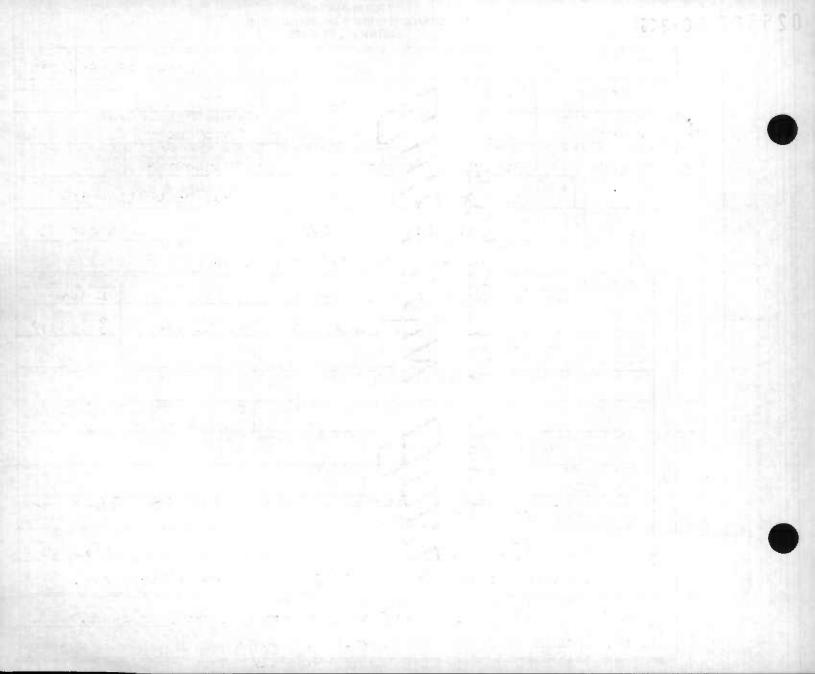
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STATE OF MARYLAND 024519 NOV DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST DECEASED NAME MIDDLE 20 DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) LINDA YOUNG GATL NOVEMBER 13, 1986 3:30 am 3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IE LINDER 24 MRS DECEMBER 23, 1942 FEMALE WHITE To BIRTHPLACE (STATE OF FOREIGN 7b. CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED A NEVER MARRIED MONTGOMERY COUNTY USA Alabama WIDOWED [ DIVORCED T 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY NIH. THE CLINICAL CENTER BETHESDA Homemaker At Home USUAL RESIDENCE (IF NURSING MOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Fairfax VIENNA 2313 SAWDUST ROAD VIRGINIA YES X 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDDLE William B. Preston Betty Gray AL SOCIAL SECURITY NO 17 INFORMANT ADDRESS HE YES GIVE WAR OR DATES 422-54-7472 Mr. Joseph Young (HUSBAND) No N.A. SAME APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY MASSIVE METASTATIC DISEASE TO LIVER IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF PARIETAL PERITONEUM Conditions, if any, which gove rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause ADENOCARCINOMA OF OVARY PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YESX NOF YES X NO IT 210. ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY STATE 220 | certify that (K(this hospital) attended the deceased from OCTOBER 23 to NOVEMBER 19 86 saw the deceased alive an NOVEMBER 13 19 86 , and that in My) (aur) opinion death accurred an the date and haur and from the couses stated abave, (Miwe) (did) (MWW) view the body after death. 22b. SIGNATURE DEGREE 22c DATESIGNED PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OF PRINT) NATIONAL INSTITUTES OF HEALTH. ROCKVILLE PIKE, BETHESDA, MARYLAND 20892 GARY KRUH. 230. BURIAL CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 236. DATE 23d LOCATION (SPECIFY) STATE BP. Burial Nov. 15, 1986 | Fairfax Mem. Park Fairfax, Virginia 24 FUNERAL DIRECTO MONEY & KING VIENNA FUNERAL HOME OHMH - 16 60M 7/84 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE (VRA 15. 4) 171 W. Maple Ave. Vienna, VA

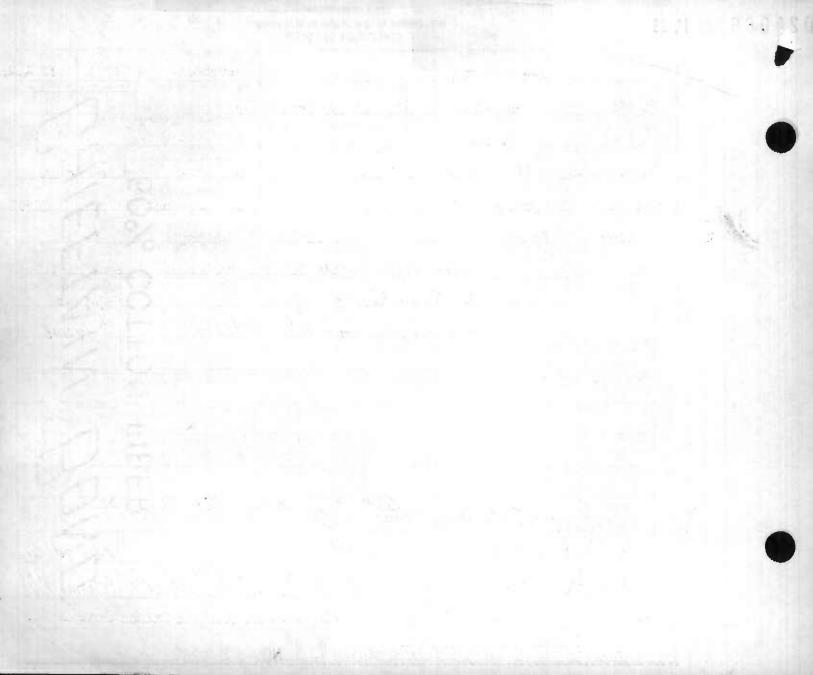


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201	pleos priol,			(	(c)	TO DEATH BUT N	OT BELATED TO THE TE	DANINI AL DISEASE OD CON	IDITION CIVEN	INI DADT 1:-	
	Sign Then to b		Z	TANT 2. OTHER SIGNIFICANT CON	CONTRIBUTION	TO DEATH BOTT	OT REPAILED TO THE TE	KMIITAE DISEASE OR COI	DILION GIVEN	IN FART 110	
RECORDS	nos beer nos permit. ne prior we bany is	7	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WE	TICH OPERATION	WAS PERFORMED		IN CERTIFYIN		OF DEATH?
ITAL	o e e e		ERT	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c HOW INJURY OCC		_	I OR PART 21	NO []
DIVISION OF VITAL	ding physicio s certificate b buriol-tronsit Mental Hygie	1		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH			(6.11.11.11.11.11.11.11.11.11.11.11.11.11		,	
O N	6 4 7		MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY			CITY OF T	OWN	COUNTY	STATE
SINIO			×	AT WORK NOT WHILE	HOME	FICE PARM, ETC.)	340 HOU	UARDAVE	ROCKUI		ONT MO
	3 O G			22a I certify that (I) (this hospital)		om		, to	19.	, 1	hat (I) (we) last
	hospitol IRECTOR: hed for us ept. of He tem 21 is			sow the deceased alive on above, (I) (we) (did) (did not) video	ew the body ofter deoth.	9 onc	that in (my) (our) opinio	on death occurred on the o	lote and hour on	nd Irom the o	auses stoted
90				22b. SIGNATURE	1 1	D		AMEDICAL ST	٤. )	22c. DATE S	SIGNED
14	A Pare	-		RU	+ Const	157	PHYSICIAN	DIRECTOR PHYSI	CIAN E	11/4	1/86
2	P.C. P.C. P. C. P. P. C. P. C. P. P. C. P. P. C. P. P. C. P.	/ 1	0.11	224. PHYSICIAN'S NAME (TYPE OR PRI	NT)				-		
9	\$ 081 A	/-		1 res	THE COULT	*****			Dr.,	ROCK	ville, M
	DD.		23a. B	SPECIFY)				CITY OR TOWN			STATE
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		I D	REGISTRAR CEASED NAME	FIRST		MIDDLE	CERT	LAST		REG DATE OF DEATH	NO.	DAY YEAR	2b. HOUR	
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ĬĒ, A	明: 37	160	WAS DECEASED EVER		ARRON FORCES	Bea 166 SOCIAL	SECURITY NO.	Beul 17. INFORMANT	an	Ma	DRESS	Re	<u>aa</u>	
BALTIMORE, MARYLAND	10 1/		(YES, NO OR UNKNOWN)	(# YES, GIV	E WAR OR OATES		1 7070	Marrie 70		a land base			. #12	
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88	1111		gave rise to imm	nediote	(b).	The Action	No firth	To the true	1 10	21. 60 4.31	1	1	2.00.00	
* 1	A STATE		underlying cause		DUE TO.	OR AS A CONS	EQUENCE OF							
20	2000		PART 2 OTHER SIGN	VIFICANT	CONDITIONS	CONTRIBUTING	TO DEATH BU	T NOT RELATED TO TH	IE TERMINA	AL DISEASE OR C	ONDITION G	IVEN IN PART 1	io	
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RECORDS	11117	CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED							200 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?				
ALR.	1116	(1≜								YES NO		YES []	NO [	
N Z	2 110	E F	210. ACCIDENT WAS UNI			OF INJURY A.M. MONTH	DAY VEAS	21c. HOW INJURY O	OCCURRED	(ENTER NATURE OF	INJURY IN ITEM 18	PART OR PART 2)		
O A S	1931/	CAL	OR CONTRIBUTING		5110	P.M.	19							
DIVISION OF	A Maria	MEDIC	21d INJURY OCCUR	RED	21e PLAC	E OF INJURY	FICE FARM FIG.	21f LOCATION		CITYO	RIOWN	COUNTY	STATE	
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0 0 0	S mo		220.1 certify that	(this hospi	ital) attended	the deceased fr		+ 19 19_	84	10 NOV	9	19.80	that (I) (we) las	
TTE	for of H		sow the decease	ed alve an	Ti view the bac	dy after death	19_86.	and that in (my) (our) a	apinian dea	th accurred on the	e date and ho	our and fram the	causes stated	
OR A hos	thed sept		226 SIGNATURE	1	1//	_		DEGREE		www.		22c. DATE	SIGNED	
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STATE OF MARYLAND 0 2 5 6 2 6 DEC -2 185 FOR STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME AA IETEU I LAST 20. DATE OF DEATH MONTH 2h. HOUR (TYPE OR PRINT) Rafae1 Bolivar, Zucco November 27, 1986 3:50 am 3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH March 8, 1965 Male White 70 BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED XX USA DWORCED Montgomery County 10. CITY OR TOWN OF DEATH 11, NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12e USUAL OCCUPATION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) STAGONE School Bethesda NIH, The Clinical Center JOUAL RESIDENCE (IF NURSING COUNTY 13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? New York New York New York YES X 130 Post Avenue NO | 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Virginia Castillo PEDRO ZUCCO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS IN SOCIAL SECURITY NO 090-62-6098 Pedro Zucco, Father (Same) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), 1 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE 10) CARDIAC ARREST FROM CARDIAC FATILIRE DUE TO, OR AS A CONSEQUENCE OF HYPERTROPHIC CARDIOMYOPATHY RT. VENT. OUTFLOW 21 YEARS Conditions, if ony, which gove rise to immediate TRACT OBSTRUCTION. couse (0), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse DIFFUSE SUBAORTIC MEMBRANE PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO T 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE October 18.19 86 to November 27, 19.86 220.1 certify that 30 (this haspital) attended the deceased from sow the speceosed alive and November 27, 1986 obove. \*\* we' (did) (dix \*\* view the body after death. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 226 SIGNATURE DEGREE 22c DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN MPORTANT National Institutes of Health, 9000 Pf Rockville Pike, Bethesda, Maryland 20892 hou 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 236 DATE 23d, LOCATION (SPECIFY) Dec. 2, 1986 San Jose Cemetery Burial San Jose, DE, OCOA Dominican 5130 Wisconsin Ave . N. Wie DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Rebic. Washington, D.C. Aulia Devideon Randalle Joseph Gawler's Sons (VRA 15, 4)

